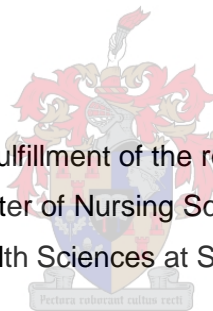


**PERFORMANCE APPRAISAL: THE EXPERIENCES OF NURSES WORKING IN  
PRIMARY HEALTH CARE CLINICS**

By

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### **DECLARATION**

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## ABSTRACT

Performance appraisals is a valuable tool to organisations for evaluation of staff member work productivity, motivating staff members, and subsequently enhancing productivity and service delivery.

Organisations have performance appraisal procedure manuals in place; however, the implementation of the performance appraisal processes can be problematic as it could lead to something that is adored by the staff members or a process that is dreaded and leaves staff members disheartened. At the time of the study healthcare institutions in the public sector used The Performance Management and Development System (PMDS) for performance appraisal purposes.

The aim of the study was to explore the experiences of nurses working in the primary health care clinics regarding performance appraisal.

The objectives were to explore experiences related to:

- Procedural structure of the performance appraisal interview.
- The content of the performance appraisal interview.
- Goal setting during the performance appraisal interview.
- Practical issues contained in the performance appraisal interview.
- Feelings of motivation after the performance appraisal interview.
- Gathering of information on how to improve performance appraisal interviews.

The study employed a descriptive design with a qualitative approach. A sample size of n=15 was drawn using purposive sampling. The researcher completed data collection utilizing in-depth interviews and a semi-structured interview guide. Data analysis was completed using the interpretive approach and manual analysis of the data. The trustworthiness of this study was assured using Lincoln and Guba's criteria of credibility, transferability, dependability, and confirmability.

Study findings: nine themes emerged from the interviews, namely, preparation for the performance appraisal interview; training regarding the performance appraisal interview; the actual interview; frequency of performance appraisal interviews; targets; evidence; monetary reward; capacity building and favouritism.

**Key words:** performance appraisal; experiences; primary health clinics; nurses

## OPSOMMING

Prestasiebestuur is 'n waardevolle instrument tot organisasies vir die evaluasie van werknemersproduktiwiteit, motivering van werknemers en gevolglik die bevordering van produktiwiteit en dienslewering.

Organisasies het prestasiebestuur-handleidings in plek; in welk gevalle, die implementering van die prestasiebestuurproses kan problematies wees, sou dit lei tot iets wat deur die werknemers aangehang word of 'n proses wat gevrees word en die werknemers moedeloos laat. Gesondheids-instellings in die openbare sektor het ten tyde van die studie Die Personeelprestasiebestuur en Ontwikkelings-sisteem (PBOS) vir prestasiebestuur doeleindes gebruik.

Die doel van die studie was om die ervaringe van verpleegsters werkend in die primêre gesondheidsorg klinieke ten opsigte van prestasiebestuur te verken.

Die doelwitte was om die ervaringe ten opsigte van die volgende te verken:

- Prosedurele struktuur van die prestasiebestuur onderhoud.
- Die inhoud van die prestasiebestuur onderhoud.
- Doelwitstelling tydens die prestasiebestuur onderhoud.
- Praktiese aspekte vervat in die prestasiebestuur onderhoud.
- Gevoelens van motivering na die prestasiebestuur onderhoud.
- Insameling van inligting oor hoe om prestasiebestuur onderhoude te verbeter.

Die studie het 'n beskrywende ontwerp en 'n kwalitatiewe benadering aangeneem. 'n Steekproef van  $n=15$  was by wyse van doelbewuste steekproefneming getrek. Data-versameling was deur die navorser voltooi by wyse van diep onderhoude en 'n semi-gestruktureerde onderhoudsgids. Data analise was voltooi deur 'n interpreterende benadering en manuele analise te gebruik. Die betroubaarheid van die studie was verseker deur Lincoln en Guba se kriteria van kredietwaardigheid, oordraagbaarheid, aanvaarbaarheid en bevestigbaarheid te gebruik. Studie-bevindinge: nege temas het uit die onderhoude te voorskyn gekom naamlik: voorbereiding vir prestasiebestuur onderhoud; opleiding aangaande die prestasiebestuur onderhoud; die eintlike onderhoud; frekwensie van prestasiebestuur onderhoude; doelwitte; bewyse; geldelike toekenning; kapasiteitsuitbouing en voortrekkery.

**Sleutelwoorde:** prestasiebestuur, ervaringe, primêre gesondheidsklinieke, verpleegsters

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## ABBREVIATIONS

<b>BARS</b>	Behaviourally anchored rating scales
<b>MBO</b>	Management by objectives
<b>SA</b>	South Africa
<b>SANC</b>	South African Nursing Council
<b>PMDS</b>	Performance Management and Development System

## **CHAPTER 1: SCIENTIFIC FOUNDATION OF THE STUDY**

### **1.1 INTRODUCTION**

Performance appraisal interviews are sometimes referred to as job appraisal interviews, employee appraisals, employee performance reviews (Fletcher, 2004:1) or competency-based assessments (Cusack & Smith, 2010:408). Performance appraisal is a process of evaluating an employee's performance on the job and identifying a potential for development (Murphy & Margulies, 2004:1).

Performance appraisals are done across all health sectors both private and public. In most organizations performance appraisals are completed annually and in some organizations semi-annually or quarterly. The system of formal performance appraisal was initially aimed at eliminating politics, favouritism and inefficiency in the government. Nowadays it is used in almost all organisations globally, including health care centres, to improve work performance and enhances the productivity of the employees (Spence & Wood, 2007:55; Chiang & Birtch, 2010:1367; Booyens, 2014:385)

Performance appraisal occurs in four stages. The first stage being the establishment of a common understanding between the employer and the employee regarding work expectations, how the expectations will be achieved and how the work will be evaluated. The second stage is about measuring the employee's performance and behaviour on the job against the predetermined expectations, followed by the allocation of a score. The fourth stage involves communicating the score or performance feedback to the employee (Elicker, Levy & Hall, 2006:532; Linna, Elovainio, Van Den Bos, Kivimaki, Pentti & Vahtera, 2012:1361).

Studies show that the purpose and practices in which performance appraisal is conducted differs from one country to the other (Thurston & McNall, 2009:203; Chiang & Birtch, 2010:1385). In Europe and North America participation of staff members during performance appraisal interview is important as it is believed that it improves communication between the staff member and the manager. The improved interaction between the manager and the staff member enhances acceptance of the feedback by the staff member whether the feedback is negative or positive (Redshaw, 2008: np; Chiang & Birtch, 2010: 1385). Whereas in countries such as Hong Kong and Singapore, performance appraisals are used primarily for evaluating and rewarding employees against the achievements of a specific set of

performance targets. Communication and career development are considered less important (Chiang & Birtch, 2010:1384).

Performance appraisal in South Africa is developmental in nature, in the sense that effective feedback on inadequate performance, recognition of outstanding performance and the staff member's developmental goals is the primary objective. This strategy was steered by the new Public Service Regulations (Republic of South Africa, 2001:33). The Public Service Commission of South Africa developed a Toolkit for Management of Performance in the public services. Performance appraisal in South Africa aims at ensuring commitment to performance, creating the culture of accountability and linking rewards with the performance (Republic of South Africa, 2001:35).

However, the same cannot be said about the performance appraisal process and practice in the Ghana civil service. The selection of employees for training is highly political, more so if the training programme comes with some financial benefit. It can be deduced that rewards and promotion may not necessarily be based on performance in the workplace (Bawole, Hossain, Domfeh, Bukari & Sanyare, 2013:960).

Conversely, in Uganda the principles of performance appraisals are superseded by the administrative culture. The Ugandan administrative culture is hierarchical and rigid. Subsequently frank discussions between the manager and staff member tend not to happen during performance appraisal interviews (Karyeija, 2012:159). Performance appraisal processes and practices in countries such as Ghana and Uganda require attention.

Performance appraisals in the health care setting assist with the evaluation of the nurse's job performances, assessing their interpersonal communication skills with the fellow employees, and the nurse's developmental abilities (Redshaw, 2008:30). Good interpersonal skills are some of the most important skills on which nurses are evaluated during performance appraisal interviews. It is believed that good interpersonal skills lead to a peaceful and supportive environment that in turn results in greater performance and a high standard of nursing care (Arora, 2009:32; Chiang & Birtch, 2010:1367; Wiggins & Hyrkas, 2011:1).

Nurses are assessed by their immediate supervisors (nurse managers), and nurse managers are evaluated by their immediate supervisors according to the organization's organogram (Bezuidenhout, 2007:129; Spence & Wood, 2007:55).

Human resource departments rely on the performance appraisal evaluations for decision making that relates to promotion, transfer between departments, salary increase, and

questions concerning possible dismissal (Fletcher, 2004:4; Bezuidenhout, 2007:140). On the other hand, the operational management relies on performance appraisal interviews for the identification of staff member's developmental needs and motivation of staff members for the achievement of improved outcomes (Spence & Wood, 2007:55; Schoessler, Aneshansley, Baffaro, Castellano & Goins et al., 2008:E15). It is due to the reasons mentioned that performance appraisal is essential; although there have been concerns among nurses and nurse managers about the negative affect it might have on nurses (Spence & Wood, 2007:55; Redshaw, 2008:31).

Research has identified several variables that nurses encounter during their performance appraisal interviews. These variables are power dynamics (Cusack & Smith, 2010:408), social context (Swanepoel, Botha & Mangonyane, 2014:8) and interpersonal relations between the nurse manager and the nurse (Spence & Wood, 2007:55; Redshaw, 2008:31). Little research has been conducted on the influence of social variables on performance appraisal interviews.

This study will explore the experiences of nurses with regard to the performance appraisal interviews. The study's findings could generate knowledge that will enable nurse managers to improve the manner in which performance appraisal interviews are conducted in the health care setting.

## **1.2 BACKGROUND AND RATIONALE**

Elicker, Levy and Hall (2006:548) are of the opinion that interpersonal relations between the manager and the staff members affect the staff member's experiences in the appraisal process. Staff members who have been provided the opportunity to express their views during the performance appraisal interview are said to experience the appraisal interviews as fair. Therefore, participation in the performance appraisal interview is seen to positively influence the outcomes of the interview (Thurston Jr & McNall, 2009:222). This has been confirmed by the informal interviews that the researcher has had with staff members at her workplace. Staff members verbalized that they had experienced uneasiness and vulnerability during some performance appraisal interviews. Moreover, some staff members said that they often have disagreements with their managers during the performance appraisal interviews, but were reluctant to raise their concerns as it would appear disrespectful to their superiors and in turn jeopardise the relationship with their nurse managers (Cusack & Smith, 2010:410). Disagreement between the nurse manager and the nurse being evaluated might also endanger the nurse's chance of achieving a good score, which is the determinant of retention, salary increase and/or promotion.



However, in the organisations where the researcher is employed performance appraisal interviews are conducted semi-annually. Prior to the performance appraisal interview compulsory workshops are conducted by the human resource department. These workshops entail a discussion on the characteristics of the performance appraisal instrument, the rating scale format and the rights and responsibilities of nurse managers and nurses. Concerns that relate to social, political and power dynamics are not debated as is advised by Cusack and Smith (2010:410). Yet the hierarchical and bureaucratic nature of nursing could enable nurse managers to manipulate and control nurses, the discussion, and even the environment in which the performance appraisal interview occurs (Wilson, 2002:627; Ferris, Munyon, Basik & Buckley, 2008:147; Cusack & Smith, 2010:408; Sandlund, Olin-Scheller, Nyroos, Jakobsen & Nahnfeldt, 2011:60).

Discussions between the nurses and the nurse managers during performance appraisal interview are structured to reinforce the “ethical ideals of a good employee” (Sandlund, *et al.*, 2011:72). Thus the performance appraisal interview might not serve as a platform for negotiating experienced stresses that could prevent nurses from delivering optimal nursing care (Sandlund, *et al.*, 2011:72).

Performance appraisal interviews conducted in such “unhealthy platforms” can lead to debilitating results such as staff members experiencing feelings of hostility towards performance appraisal interviews, perceived unfairness and staff demoralisation (Cusack & Smith, 2010:410; Selvarajan & Cloninger, 2011:3077). Perceived unfairness and staff demoralisation might negatively influence the work environment, which could impact adversely on clinical excellence (Selvarajan & Cloninger, 2011:3077).

### **1.2.1 The rating instrument**

Performance appraisal interviews and reviews result in a performance score allocated to the overall performance of the individual, of the team and ultimately of the organisation (Fletcher, 2004:12; Lucas, Lupton & Mathieson, 2006:182). Different point rating scales ranging from a non-performer (lowest rating score) to an exceptional performer (top rating score) are used by most organisations (Fletcher, 2004:12).

The organisation where the researcher is employed uses a five-point rating scale. A rating of one indicates a non-performer, a two an under performer; a three being a good performer, a four is an excellent performer, and a rating of five an exceptional performer. However, there is uncertainty of the efficacy and objectivity of this kind of rating format (absolute rating

standards). This is compared with the social comparative process by which an employee is compared with other employees (Goffin, Jelley, Powel & Johnston, 2009:265). Proponents of social comparison theory are of the view that people engage in social comparisons when there is no objective standard to measure against and when they experience doubts (Goffin, et al., 2009:252).

### **1.2.2 Factors that could influence the rating scores**

There is however concerns with regard to the accuracy or objectivity of the rating scores allocated to the employees during the performance appraisal interviews (Goffin, *et al.*, 2009:251; Vasset, Marnburg & Furunes, 2011:30). It is surmised that the rating scores allotted to the employees could be influenced by political, economic and social factors (Ferris, Munyon, Basik & Buckley, 2008:146; Chiang & Birtch, 2010:1368; Swanepoel, Botha & Mangonyane, 2014:8).

Literature reveals that nurses who have good relationships with or of the same race, educational level, social group and age as the nurse manager seem to obtain higher scores than those who are not (Ferris et al., 2008:147; Vasset *et al.*, 2011:34; Swanepoel *et al.*, 2014:8). Nurses with the same demographics as their nurse managers tend to be more relaxed and participate actively during the performance appraisal interview. This in turn allows them the opportunity to negotiate their scores. These nurses tend to get higher scores than nurses of different demographics (Vasset *et al.*, 2011:34). The achievement of higher rating scores on completion of the appraisal seemingly increases the employee's level of satisfaction and ultimately their level of motivation towards their work (Vasset *et al.*, 2011:34; Selvajan & Cloninger, 2011:3064).

Yet the level of motivation of the appraiser to provide accurate ratings could be influenced by personal factors and the appraisal context (Wood & Marshal, 2008:297). Individuals who are self-motivated and have high self-efficacy are more likely to give accurate rating scores and conduct constructive performance appraisal interviews than who are not self-motivated or have less self-efficacy (Wood & Marshall, 2008:309).

In addition, research shows that managers deliberately manipulate the rating scores to suite the organisations needs at a particular moment (Fletcher, 2004:7; Grund & Przemeck, 2012:2153). Factors such as the organisation's strategic priorities and economic conditions warrant the managers to compress the rating scores (Chiang & Birtch, 2010:1384). On the other hand, managers might be required to inflate the rating scores with the aim of enhancing the possibility of obtaining a salary increase or shielding departmental problems

and conflicts (Fletcher, 2004:7). However, acceptance of a rating score has been found to be related to the staff member's awarded opportunity to participate during the performance appraisal interview (Elicker et al., 2006:543).

### **1.2.3 Dialogue between the staff members and the manager during the performance appraisal interview**

One purpose for the performance appraisal interview is to create a platform in which the staff members engage in dialogue with their managers (Fletcher, 2014:5). This platform could be used for addressing and finding solutions to work related problems that hinder the staff members to operate at their full potential (Fuller & Turbak, 2007:2; Sandlund, Olin-Scheller, Jakoben & Nahnfeldt, 2011:59). Participation in the performance appraisal interview is expected to give employees a sense of control over their work performance (Spence & Wood, 2007:58). It is important that dialogue is created between the staff members and the manager during performance appraisal interviews (Bezuidenhout, 2007:137; Huber, 2010:721).

It is further believed that effective performance appraisal interviews tend to improve interpersonal relationships between the nurse manager and the nurses, and among the nurses themselves (Fuller & Turbak, 2007:2). Nurses should receive undivided attention from the nurse manager during performance appraisal interviews and must be encouraged to participate fully in those sessions (Spence & Wood, 2007:55).

However, the findings of various studies indicate that characteristics such as dialogue between the unit manager and the employees tend to be minimal (Spence & Wood, 2007:58; Redshaw, 2008:30; Schoessler, et al., 2008:16). The findings of the aforementioned studies further reveal that a monologue where the nurse manager does most of the talking tends to occur. It is believed that a greater level of employee participation during the performance appraisal interview, increased feeling of trust and confidence in managers and eventually in the appraisal process as a whole (Chiang & Birtch, 2010:1384). Yet whom have not been allowed to participate fully report feelings of resentment towards performance appraisal interviews (Spence & Wood, 2007:58).

### **1.2.4 Experiences with regard to motivation after the performance appraisal interview**

Research reports that some staff members tend to feel demoralized after a performance appraisal interview. Some regard the procedure as a waste of time as developmental goals are seldom discussed and minimal feedback that relates to performance is given by the nurse manager (Cusack & Smith, 2010:412; Spence & Wood, 2010:57). Motivation through

positive feedback is important for staff members as it leads to job satisfaction and subsequently greater performance (Redshaw, 2008:31).

Most motivational theorists support the notion of using performance appraisal interviews as a motivational instrument. Theory Y of Douglas McGregor (Huber, 2010:206) holds the assumption that workers love work, are self-motivated and possess an innovative spirit. For this reason managers should ensure that momentum is maintained by providing positive feedback for work performance. Yet where improvement is required the feedback must be communicated in a constructive manner (Huber, 2010:206). The richness of the feedback given during the performance appraisal interview is positively related to the level of fairness that was reported to be experienced during the performance appraisal interview. The experienced level of fairness then influences the level of satisfaction and motivation to improve performance (Selvarajan & Cloninger, 2011:3064). The nurse manager should focus on the behaviour rather than on the person and guard against overwhelming the nurse with many criticisms (Latham, Almost, Mann & Moore, 2005:83). Moreover, support in terms of counselling, coaching and training must be offered in cases when deficiencies have been identified (Vasset et al., 2011:34).

On the other hand, the motivational theory of Frederick Hertzberg suggests that money is not the ultimate motivator. However, money could be a powerful demotivator when people are not paid a fair salary (Dartey-Baah & Amoako, 2011:7). According to the theory factors such as achievement, recognition, job enrichment, responsibility and advancement are motivators that stimulate staff members to improve their work performance. Working conditions, salaries, job security, policies and a supportive environment are regarded as hygiene factors, meaning factors that keep staff member's content (Huber, 2010:201). Managers who wish to enhance work performance among staff members should ensure that a balance is maintained between motivators and hygiene factors (Amoako & Dartey-Baah, 2011:7).

### **1.3 PROBLEM STATEMENT**

The procedures surrounding the actual performance appraisal interviews in practice may differ from what is prescribed in the literature. Social and political dynamics may influence the performance appraisal interviews and should be recognised. The type and scope of the feedback, recognition of outstanding performance, and setting of developmental goals between the nurse being evaluated and the nurse manager needs to be explored. Furthermore, the performance appraisal procedure might cause staff members to be less

motivated. There is also a notion that discussions on the achievement of developmental goals are seemingly overlooked. The objectivity of the rating scores allocated might also be questionable. The researcher could not find literature on the experiences of nurses working in the primary health care clinics regarding performance appraisal interviews. It is against this background that the study was undertaken.

#### **1.4 RESEARCH QUESTION**

How do nurses working in a primary health care setting experience performance appraisals?

#### **1.5 AIM**

The aim of the study is to explore the experiences of nurses working in the primary health care setting regarding performance appraisal interviews.

#### **1.6 OBJECTIVES**

The objectives of the study were to explore the experiences of nurses working in the primary health care setting with regard to:

- The procedural structure of performance appraisal interviews (purpose, frequency, rating format).
- The content of the performance appraisal interview (focus, review or feedback, specificity, performance attributes).
- Goal setting during the performance appraisal interview
- The practical contained in the performance appraisal interview (participation level, manager or staff member support, the rating instrument).
- Feelings of motivation after the performance appraisal interview
- And lastly to gather information on how to improve the performance appraisal interview.

#### **1.7 RESEARCH METHODOLOGY**

A summary of the research methodology applied in this study is provided in the current chapter while a detailed discussion is presented in chapter three.

##### **1.7.1 Research design**

A qualitative approach using an exploratory design was used to explore the experiences of nurses working in primary health care clinics with regard to performance appraisal interviews.

### **1.7.2. Population and sampling**

The population of this study consisted of registered nurses working in three primary health clinics in the Western sub district of the Western Cape Province.

Purposive sampling was employed in recruiting participants. The sample consisted of five registered nurses in each clinic; the total population included 15 participants.

#### **1.7.2.1 Specific Sampling Criteria**

- Professional nurses who had participated in at least two performance appraisal interviews in their careers as registered nurses and had their last interviews in the past two months.

### **1.7.3 Instrumentation**

A semi structured interview guide consisting of six open-ended questions and the design based on the objectives of the study was used to collect the data.

### **1.7.4 Pilot interview**

The researcher conducted a pilot interview to refine the interview skills and also to test if the questions on the interview guide will be understandable to the participants. Brink *et al* (2006:54) attests that a pilot study forms part of the planning phase as it may bring about changes before the actual data collection begins.

### **1.7.5 Data collection**

The researcher conducted the interviews alone and the interviews took place at the identified primary health care clinics.

### **1.7.6 Trustworthiness**

Trustworthiness was ensured by the criteria of credibility, dependability, confirmability and transferability as described by Shenton (2004:64).

### **1.7.7 Data analysis**

Data were analysed according to the five steps described by Terre Blanche, Durheim and Painter (2006:322-325). The transcription of the interviews was done by the researcher.

### **1.7.8 Ethical considerations**

Consent to conduct the study was obtained from the Health Research Ethics Committee of the Faculty of Medicine and Health Sciences of Stellenbosch University, the Chief Executive Officer of the Department of Health in the Western Cape Province as well as the managers of the participating clinics.

Before the interviews started each participant was given a participant information leaflet regarding the study. Written informed consent was obtained from each participant. Consent for the recording of the interviews was also obtained from each participant.

The principles of anonymity, confidentiality and privacy were maintained throughout the study. The application of these principles is further explained in chapter 3. All data is stored and locked in a safe place for at least five years. The data will only be accessible to people who are directly involved in the study.

## **1.8 DEFINITION OF TERMS**

**Professional nurse:** A professional nurse means a person registered as such under section 31 of the Nursing Act. This person can practice nursing independently (South African Nursing Act, Act 33 of 2005). For this study a professional nurse is a registered nurse working in the primary health care clinic.

**Performance appraisal interview:** Performance appraisal interview is the recurrent strategic discussions between the immediate manager in an organisation and the staff member regarding the staff member's performance and development on the job (Asmub, 2008:409).

**Rating scores:** A rating score is the performance appraisal checklist on which a manager rates the performance on a continuum such as excellent, good, average, fair and poor (Fletcher, 2004:12).

**Rating instrument:** It is the performance appraisal method or tool that is used to evaluate the staff member's performance (Booyens, 2014:386).

## **1.9 STUDY OUTLAY**

### **Chapter 1: Scientific Foundation of the study**

Chapter 1 provides a description of the background and rationale of the study. The chapter also contains a brief overview of the literature reviewed, research question, study objectives, research methodology, definition of terms and the study layout.

### **Chapter 2: Literature Review**

Chapter 2 contains a discussion of the relevant literature.

### **Chapter 3: Research Methodology**

Chapter 3 includes an in-depth discussion of the research methodology that was applied in the study.

#### **Chapter 4: Data analysis, Interpretation and discussion**

The findings of the study are presented in Chapter 4.

#### **Chapter 5: Conclusion and Recommendations.**

The results of the study are concluded in Chapter 5 and recommendations are made based on the scientific evidence obtained in the study.

### **1.10 SUMMARY**

Chapter one includes a description of the background and significance of the study. Social and political factors that influence the performance appraisal interviews are presented. Furthermore, the goal, research question, objectives, methodology, budget and timeline are also encompassed.



## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

The previous chapter provides an overview of the background of the study and a summary of the methodology that was applied to explore the experiences of the nurses with regard to performance appraisal interviews. This chapter presents a literature review on aspects that relate to performance appraisal interviews.

The criteria used to search for the reviewed literature and the inclusion criterion are discussed in the paragraph below.

### **2.2 LITERATURE SEARCH AND INCLUSION CRITERIA**

A literature review provides the reader with the current theoretical and scientific evidence of a particular problem, enabling the reader to synthesize what is known and what is not known about the topic (Burns & Grove, 2011:188). For this study databases such as PubMed, CINHAL (EBSCO HOST), World Wide Web (Google, Google Scholar), dissertations, the South African and international journals, nursing management, human resource management journals, were searched using keywords such as primary health care, nurses, performance appraisal. These words produced limited results. A combination of keywords and phrases were more effective as effective and relevant literature was found. The keywords and phrases include nurse's experiences, performance appraisal, performance appraisal in public and private sectors, preparation for performance appraisal and interviews by the manager and the staff member.

The findings from the literature are structured according to the following topics:

- Overview of history on performance appraisal in the public and private sectors,
- Description of performance appraisal in the private and public sectors,
- Influence of preparation for performance appraisal by the manager,
- Influence of preparation for performance appraisal by the staff member,
- The methods of performance appraisal.
- Research studies on performance appraisal.

### **2.3 OVERVIEW ON THE HISTORY OF PERFORMANCE APPRAISAL IN THE PUBLIC SECTORS**

Prior to 1994, public sector employees received an automatic salary increment that was based on the individual's years of experience working in the public sector. Furthermore, they received an annual notch increase on the month that the employee was appointed in the public sector. A once off bonus was awarded should a staff member obtain an additional

qualification, for example, a degree or diploma that relates to their current job description. A performance appraisal or performance management programme that determined the percentage of an annual increment an employee should be granted was not in place as mentioned in the Public Service Act, Act 103 of 1994.

In 2001, the Public Service Regulations were amended to cover performance management. Government institutions were instructed to develop policies on performance management and development. Notch increments are to be linked with employees' performance (Public service regulations, 2001:35). The demand for this policy development translates to the call for good human resource management and career development practices that are aimed at maximising human potential as stated in the constitution (Republic of South Africa, 1996:80). The implementation of the performance management policy was not only for human resource development purposes, but the goal was the improvement of public service delivery as stated in the Public Service Regulations (Republic of South Africa, 2001:33). Each department may develop its own human resource policies but within a framework of uniform norms and standards. One of these standards is the quest for customer satisfaction and improved service delivery, as contained in the White paper on Transforming Public Service Delivery (Republic of South Africa, 1997: np).

In 2001 the Performance Management and Development System (PMDS) was introduced and implemented in the public sector. This is a continuous process that aims at ensuring that staff members know exactly what is expected of them, that staff members are properly trained and equipped to do what is expected of them. Furthermore, PMDS aims to ensure that the required results for the position that the individual holds are produced. The PMDS cycle runs annually from the 01<sup>st</sup> April - 31<sup>st</sup> March. The processes in the PMDS cycle include planning work and setting expectations, continuously monitoring the employees performances by gathering evidence, providing feedback on the staff member's performance based on the evidences gathered through the reviewed period, developing the staff member's ability to perform, rating the employees performance, and rewarding the staff member for an above average performance, while addressing the non-optimal performance as stated in the Western Cape Education Department PMDS procedure manual (2001:np).

However, the manner in which the instruction of policy development is executed in different government institutions and departments calls for examination. Employees do not seem to quite understand performance appraisal in the manner they should and accordingly, its contribution to performance enhancement and ultimate productivity is compromised (Mundzhedzi & Phago, 2014:1095). Some employees use performance appraisal as a

means to incur extra income and managers on the other hand use the performance appraisal structures as a tool to punish or discipline employees (Paile, 2012:85). This conduct results in performance appraisals not producing the desired outcomes, which is to motivate staff members and enhance productivity. Instead, performance appraisal interviews tend to rather demoralise employees and result in declined performance and poor service delivery (Letsoalo, 2007:104).

An important reason for the performance appraisal interview is to provide staff members with adequate feedback regarding their performance. Staff member's performance and service delivery will improve only if deficiencies and remedial actions are identified and discussed with the particular individual (Metcalf, 2005:55; Schrader, Becton, & Portis, 2007:22; Booyens, 2014:395). However, findings show that feedback given to staff members is inadequate, in that staff members would still not know where they need to improve after the performance appraisal review (Nkosi, 2000:44; Ntsoakilethale, 2005:95). Performance management and development system (PMDS) calls for staff member participation in decision making especially when it comes to key performance areas and developmental goals. The staff member's involvement will promote a sense of commitment, thus attaining the mission of performance and service delivery enhancement (Public Service Regulations SA, 2001:np). However, the above notion holds greater theoretical than the practical value (Ntsoakilethale, 2005:129). Evidence shows that the level of participation during the performance appraisal is related to the occupational level of the staff employees. Staff members at the lower hierarchy are less participative during the performance appraisal interviews than those occupying higher positions (Bezuidenhout, 2011:101).

Kanyane and Mabelane (2009:58) blame the inefficient service delivery in the public institutions to skills inadequacy among managers. The authors state that managers in the public sector lack the skills to implement performance appraisal effectively. Warnich, Carrell, Elbert & Hatfield, (2015:299) indicate that managers should be trained on how to conduct effective performance appraisal interviews. Training of managers on how to conduct the performance appraisal is vital. Training will assist in improving the confidence of the managers and empower them with specific skills such as how to provide feedback, solve problems and how to motivate and counsel staff members (Fletcher 2004:79).

At the same time staff members also need to receive training on the objectives of the performance appraisals and their responsibilities and rights regarding performance appraisal interviews (Fletcher, 2004:87). Training with regard to the processes, structures (tools used for evaluation) and objectives of the performance appraisal could enhance co-operation and

performance of the staff members during the interview. However, training in this context was found to be lacking in public sector institutions (Ravhura, 2006:83; Paile, 2012:86). In the few institutions where training occurs, its effectiveness needs considerable attention as some staff members are still uncertain about their different roles and responsibilities and the relevance of performance appraisal in the accomplishment of the organisational goals (Tomey, 2000:355).

It was found that management do not always follow-up on whether staff and the immediate manager/supervisor actively addresses the identified inefficiencies and concerns discussed during performance appraisal interview (Ntsoakilethale, 2005:96). Failure to follow-up on the identified weaknesses and concerns by managers after the performance appraisal, leads to the process not being taken seriously by the staff members (Kanyane & Mabelane, 2009:68).

Furthermore, Esu and Inyang (2009:98) concur that performance appraisal interviews in the public sectors are limited to performance evaluation and budget allocation for pay increases. Subsequently, the enhancement of performance is not always addressed.

According to the Public Service Regulation (South Africa, 2001: np) all staff members in the public sector are currently eligible to an inflation-calculated pay increase irrespective of the performance appraisal result. Moreover, cash bonuses are awarded as a reward or a motivator to who has been found to have performed over and above the norm. Nonetheless, the monetary rewards allocated to the staff members who have been identified as over performing seem to create divisions among the staff members instead of creating positive competition (Shield, 2007: np). As such, staff members who have received the reward tend to be secretive about the reward, as they fear rejection from their colleagues. It has been noticed that staff members who did not get the monetary reward tend to refuse to assist or to be supportive to those who have received the reward. Divisions among staff members are against the health care management approach; which advocates for a supportive environment and a good team spirit (Booyens, 2014:177).

The regulation requires the department to use a single performance appraisal instrument. However, it is also mentioned that the department can customise the instrument to suite the departmental needs (Public Service Regulations SA, 2001:np). Critical incident and the graphic rating scale methods of performance appraisal, are used to rate the performances of the staff members in the public sectors. According to Yoder-Wise (2003:300) the assessment form should facilitate the accurate appraisal of the staff member's performance.

However, staff members reported the appraisal tool to be unrealistic, and as not reporting the true reflection of their performances and daily activities (Ntsoakilethale, 2005:105).

Performance appraisal processes in the public sector is, amongst other things, embedded with favouritism. Managers are accused of allocating higher rating scores to their favourite staff members, which then results in other staff members losing interest and being disgruntled towards the system of performance appraisals (Mundzhedzi, 2014:1094).

## **2.4 OVERVIEW ON THE HISTORY OF PERFORMANCE APPRAISAL IN THE PRIVATE SECTORS**

Performance appraisal in the private sector is as old as the end of slavery and the beginning of employment. Private sectors as profit organisations have to measure each employee's productivity and the profit made by the organisation in a particular year. It was towards the end of the 1980's when it was realised that purely financially focused performance appraisal was inappropriate. As a result, the multidimensional performance appraisal system was introduced. Today, performance appraisal in the private sector covers the total span of activities and expenditure in the organisation (Zaytseva, 2001: np).

Depending on the nature of work the staff member is assigned to, feedback in the private sector is obtained from different angles and sources. For example, customers are used to assess the level of satisfaction, level of efficiency, quality and quantity characteristics, and appropriateness of the product or service (Zaytseva, 2001:np). As a result, performance appraisal in the private sector has a greater effect than in the public sector, since that could influence the profit the company produces (Esu & Inyang, 2009:98; Kanyanne & Mabelane, 2009:68).

There is no doubt that there is a large difference in the manner in which performance appraisal is performed between public and private sectors. This refers to either health or educational institutions. Performance appraisal in private schools produces desired results compared with that of the government counterparts (Khan, Chandio & Farooqi, 2014:278). Public sectors need to incorporate the private sector practices in its performance appraisal implementation to achieve the desired results. Some warranted changes are job security and communication.

Changes in the public sectors such as allowing people who are 'in charge' to exercise full authority on the staff members who report to them, are to be implemented. The private sector is known to have poor job security, as there is no tolerance for negligence or unjustified mistakes. Unlike in the public sector, a mistake that the staff member commits

directly reflects on the job or at least on the increment in the private sector (Khan et al., 2014:276; Begum, Sarika & Sumalatha, 2015:75).

Communication processes are strictly followed in the private sector. All the formal and informal complaints related to the organisation are solved immediately on receipt of the complaint from the employee or from the customer. To mitigate any further similar occurrences, remedial processes are drafted and implemented (Begum et al., 2015:75). Whereas in the public institutions, owing to the long hierarchical ladder, communication takes longer to reach the people concerned and sometimes the message is distorted by the time it is received (Begum et al., 2015:76).

## **2.5 PREPARATION FOR PERFORMANCE APPRAISAL INTERVIEW BY THE MANAGER**

For most employees, including managers and staff members, performance appraisal is a dreaded process. However, there are general guidelines that can enhance the effectiveness of the performance appraisal discussion. Good preparation is most important. The staff members want to know how their performances are viewed, what is expected of them, how they can improve, how their roles contribute to the mission and vision of the organisation, and what opportunities are available to advance their careers (Booyens, 2014:386). All the above can be achieved if a thorough performance appraisal preparation is conducted by the manager.

Performance appraisal interviews require the manager to prepare for the session by collecting the data regarding the staff member's performance over a reviewed period. The staff member's performance is evaluated against the pre-discussed and agreed upon job description, by both the manager and the staff member (Booyens, 2014:386). Collaboration of both parties in the discussion of the job description agrees with the notion of transparency and fairness (Vasset et al., 2011:34; Selvarajan & Cloninger, 2012:3063).

Preparation for a performance appraisal interview by the manager enables the manager to provide accurate and rich feedback about the staff member's performance during the interview session. The quality of feedback given by the manager during the performance appraisal interview then influences acceptance of the feedback and performance appraisal results by the staff member (Selvarajan & Cloninger, 2011:3077). Acceptance of the performance appraisal outcome motivates the staff member to improve on the identified inefficiencies, which then contributes to the improvement of performance and productivity of the staff member and the organisation at large.

Furthermore, preparation for performance appraisal enhances the manager's self-efficacy, which then enables the manager to communicate effectively with staff members who receive lower than expected ratings (Wood & Marshall, 2008:309). To enhance self-efficacy and the quality of feedback given to the staff member, the manager keep a file for each staff member and document both negative and positive critical incidents by the staff member throughout the reviewed period. However, the manager must be careful as to the manner in which the negative criticism is presented to the staff member as destructive criticism may demoralise the staff member (Fletcher, 2014:89).

Empirical evidence shows that most managers do not prepare for the performance appraisal, as it is done in a haphazard manner that often results in minimal or no feedback given about the staff member's performance during the appraisal interview. Subsequently, some staff members view the performance appraisal interview as an insignificant process, or as one of the procedures that is done to meet the administrative requirements (Spence & Wood, 2007:55).

## **2.6 PREPARATION FOR PERFORMANCE APPRAISAL INTERVIEW BY THE STAFF MEMBER**

On the other hand, the staff member is equally required to prepare for the performance appraisal interview. The staff member should prepare and provide documentation and recorded evidence of their performance over the stated performance appraisal period. The staff member is required to do self-evaluation against the agreed criteria. Self-evaluation is an important component of the performance appraisal, as it is believed that staff members know themselves better than anybody else (Booyens, 2014:392).

Self-evaluation by the staff member, in preparation for the performance appraisal, is vital as it affords the staff member an opportunity to engage in a two-way discussion with the manager. Thus the staff members have an opportunity to influence the allocated rating. Besides the influence on the rating scores, the staff member can even share the most important information such as poorly maintained equipment, lack of training, or squabbles between the staff members that impede the team from performing to the optimum that the manager was not even aware of. Managers are required to allocate time for the staff members to complete the performance appraisal self-evaluation forms and to gather the relevant information for the efficient execution of a performance appraisal (Booyens, 2014:396). However, anecdotal evidence shows that not all staff members are informed about the scheduled date for the performance appraisal interview in advance. Subsequently, these staff members are not able to prepare themselves for the interview. Other staff



members verbalise that their busy schedule does not allow them the opportunity to prepare for the performance appraisal interview. The possibility that the staff member may not have comments or objections during the performance appraisal interview when not prepared are high, which then compromises the participatory role required from the staff member. The sections below explore the methods of performance appraisal currently employed.

## **2.7 METHODS OF PERFORMANCE APPRAISAL RATING**

The present discussion focuses on the seven commonly used methods for performance appraisal (Aggarwal & Thakur, 2013:618; Booyens, 2014:389). The methods of performance appraisal are classified as traditional and modern depending on the time when the methods were established. The modern methods of performance appraisal are the improved traditional methods. Traditional methods include critical incident method, graphic rating scale, narrative method and the ranking method. The modern methods of performance appraisal include management by objectives (MBO), behaviourally anchored rating scale (BARS), and 360 degrees method (Aggarwal & Thakur, 2013:618; Booyens, 2014:388).

All the performance appraisal methods have advantages and disadvantages. However, each organisation is required to interrogate and weigh the benefits and the disadvantages of each method, to decide on the best suitable rating method for the organisation or department. The chosen method should suite the nature of the organisation or department to limit errors that relate to the measuring of performance. The section below outlines the methods of performance appraisals.

### **2.7.1 Critical incident method**

John Flanagan (Flanagan, 1954: np) established the critical incident technique in 1954, with the aim of improving the then existing methods of describing job critical requirements and job performance evaluation (Ansari & Baumgartel. 1981:221).

The critical incident rating method is defined as a performance appraisal method in which a manager keeps a written record of an exceptionally favourable and unfavourable performance of each staff member in the appraisal period (Serrat, 2010:87; Booyens, 2014:389). When such an incident has affected the effectiveness of a department positively or negatively, the manager writes it down. The manager has to ascertain that the critical incidents written are descriptive as they have to reflect the date, time, people involved, the specific situation that arose, each person's actions and the results (Marrelli, 2005:40, Serrat, 2010:87; Booyens, 2014:389). Since the manager is not always on the floor to witness all the incidents that occur in the department, a staff member concerned with the colleague as the witness can report and document the incidents whether they are negative or positive.



Reported negative incidents can be used as a learning curve, and can result in the execution of new standard operating processes, and the enhancement of systems or operations (Flanagan, 1954: np). At the same time positive incidents can be used to motivate staff members. Ideally all critical incidents, positive or negative must be shared immediately with the staff member, and documentation must be filed for the purpose of reference and for the performance appraisal interview session. By instantly sharing the negative critical incidents, coaching and training could be executed immediately. Although critical incidents are used for evaluative and developmental purposes, they are also beneficial for legal purposes in the case where a decision to terminate the staff member's employment contract is made (Booyens, 2014:386).

Evidence shows, that during performance appraisal interviews, managers tend to focus on the negative incidents committed by the staff members. Yet a good and balanced performance appraisal includes paying more attention to the positive than to the negative incidents (Booyens, 2014:395). Both types of incidents can be analysed during the performance appraisal interview and lessons can be learned, thus leading to the enhancement of the staff member's performance. Managers must move away from blaming the staff members for the mistakes committed while performing duties, but must rather interrogate the processes and devise practices where it is almost impossible for one to repeat such mistakes. In addition, staff members should be allowed to commit mistakes as the mistakes stimulate creativity among the staff members and innovative performers can result (Roper & Pettit 2002: np).

As much as the critical incident reporting method of performance appraisal is preferred as it is based on observation and is likely to cover the entire evaluation period, it is also criticized for being time consuming and it is difficult to analyse and condense the records (Aggarwal & Thakur, 2013:617).

### **2.7.2 Graphic rating scale method**

The graphic rating scale method of performance appraisal was first developed and published in 1922 by Paterson with the aim of providing accuracy, effectiveness and practicability with regard to performance evaluation (Aggarwal & Thakur, 2013:617).

The graphic rating scale method of performance appraisal is the most commonly used method for it is seen to be simple and less laborious (Lunenburg, 2012:np). The scale lists several traits and a range of performance for each. For example, on a scale where 1 refers

to below average work performance and a 5 denotes an excellent work performance; the manager should indicate where the staff member's performance must be placed on the scale (Booyens, 2014:390).

Evidence shows that the scores allocated to the staff members are often influenced by the social context, such as the manager's personality (Yun, Donahue & Dudley 2005:106), and the interpersonal relationship between the manager and the staff members (Ferris, Munyon, Basik & Buckley, 2008:152). Staff members who have good interpersonal relations with the manager tend to get higher scores than those who do not have good relationships with the manager.

Furthermore, in the organisation where the researcher works, the scores allocated to the staff members are influenced by the overall organisational profit. The organisation uses the Bell shaped curve distribution model by which managers are instructed prior to the performance appraisal interviews to score most staff members as average performers. (Vaishnav, Khakifirooz & Devos, 2006:11; Chattopadhyay, Ghosh. 2012:893). As such, accuracy and objectivity of the rating scores allocated to the staff members is often questionable. This then leads to staff members not taking performance appraisal seriously.

Nevertheless, the graphic rating scale method is preferred by most organisations as it is simple to use, easily constructed, and has results that are standardised, which then allows comparison to be made between employees. However, there is no doubt that the method is subjective (Aggarwal & Thakur, 2013:619).

### **2.7.3 Narrative essays**

The narrative essay method is often used with the graphic rating scale method (Khanna & Sharma, 2014:55; Booyens, 2014:389). This method of performance appraisal requires the manager to write about the staff member's performance. In the essay, the manager is expected to mention the identified strengths, weaknesses, training needs and the overall impression about the work performance of the staff member. A narrative essay method allows the manager an opportunity to provide a comprehensive evaluative assessment, that is more than just ticking a 'check of box' to describe an assessment item.

However, the narrative method is criticised for being a time consuming process, its ability to allow bias and its dependability on the manager's writing skills (Aggarwal & Thakur, 2013:619; Booyens, 2014:389). Managers who are good writers can portray a clear or even an exaggerated picture of a staff member. Since there is no rule on the length and the

content of an essay, the sum of all the essay ratings are difficult to compare (Khanna & Sharma, 2014:55).

#### **2.7.4 Ranking method**

The ranking method is an appraisal method that is used to evaluate a staff member's performance from best to worst. This is often used to compare employees of the same category and job description. The ranking method is also used to make decisions regarding the selection of the Employee of the Month, who is promoted or demoted and who is sent for training. (Lunenburg, 2012:np). A ranking method of performance appraisal can be beneficial in motivating other staff members, for example, staff members of the same category can be motivated to perform better when they see the performance evaluation of their counterparts. This method is however, criticised for the lack of fairness and high subjectivity in assessing the real worth of an employee (Aggarwal & Thakur, 2013:619). Staff members can receive prizes or credits not because they meet all their objectives, but because they perform better than their colleagues (Khanna & Sharma, 2014:55).

In contrary, the social comparative theorists are of the view that people naturally and automatically compare themselves when there is no objective means or standards of evaluation and when they experience doubt (Goffin, Jelley, Powell & Johnston, 2009:264). The ranking performance appraisal method is deemed superior as it exploits the natural, automatic judgement (Goffin et al., 2009:264). This method of performance appraisal can be more beneficial if used together with other methods such as a graphic rating scale.

#### **2.7.5 Checklist method**

A checklist consists of all the tasks and the behaviours expected from the staff member. The appraiser would then mark "yes" if the tasks have been carried out and the required behaviour is positive, and "no" if the objectives have not been met and the behaviour is negative. Furthermore, there would be a space provided for a comment on any aspect of performance.

#### **2.7.6 Management by objectives (MBO) or results oriented appraisal method**

The concept of MBO was introduced by Peter Druker in 1954 (Thomson, 1998: np; Aggarwal & Thakur, 2013:618). The method has been improved over the years and in 2000, Weihrich made a contribution by introducing the systematic approach to management by objectives. The systematic approach of seven elements: strategic planning and hierarchy of objectives, setting objectives, planning for action, implementation of management by objectives, control and appraisal, subsystems, and organisational and management development. MBO is a

widely used approach of performance appraisal (Aggarwal & Thakur, 2013:618; Warnich et al., 2015:310).

The MBO method of performance appraisal is defined as a process by which managers and staff members meet to formulate objectives, the standards and steps to be taken to meet the objectives, and the criteria for measurement of their performance (Aggarwal & Thakur, 2013:618). The results oriented appraisal method is based on concrete performance targets, which are usually set and agreed upon by both the manager and the staff members. Involving the staff members in goal setting, all the way through to the formulation of standards of measurement of their performance, enhances the staff commitment (Warnich et al., 2015:310). MBO also enhances acceptance of the performance appraisal results since everyone owns the process and is clear about the expectations (Silverman & Wexley, 1984:703; Warnich et al., 2015:312).

Furthermore, the participative approach embedded in MBO favours the notion of staff empowerment which is the current favoured staff management approach (Warnich et al., 2015:299; Booyens, 2014:11). The advantage about the MBO method of appraisal is that the staff members get clarity of the roles and responsibilities expected from them, thus assisting in the achievement of the organisations goals. As much as the MBO approach to performance appraisal is applauded for its effectiveness, it is criticised for being time consuming, lengthy and expensive.

#### **2.7.7 360 Degree appraisal method**

The 360 degree performance appraisal method, sometimes known as the multi-rater feedback, is a method of appraisal which provides staff members with performance feedback from all sources that come into contact with the staff member in the organisation, for example, self, their immediate supervisor, peers, subordinates and customers (internal and external) (Aggarwal & Thakur, 2013:620). Feedback from all sources is then shared with the staff member during the performance appraisal interview. This method assists the staff member to understand how the other stakeholders view their work performance in the organisation. Yet again self-evaluation affords the staff member an opportunity to reflect on the strengths, weaknesses and achievements.

The 360 degree appraisal method of performance appraisal is applauded for its ability to provide a wide range of performance-related feedback about the staff member compared with the traditional evaluation methods. However, the method is time consuming, and can be laborious to analyse and summarise the data (Aggarwal & Thakur, 2013:619). Another

downfall about the method is that the input from peers may be intentionally distorted with the aim of sabotaging the colleague as the peers may be competitors for increases and promotion.

### **2.7.8 Behaviourally anchored rating scales (BARS)**

The BARS was introduced by Smith and Kendall in 1963, and the concern was the issue of reliability and validity of performance appraisal ratings. The BARS method combines various elements of traditional performance appraisal methods such as the graphic rating scale and the critical incident method. The BARS defines the scale point with a specific behaviour statement that describes the varying degrees of performance (Lunenburg, 2012:np). This approach eases the debate about the rating scores, as it details the behaviours that describe the varying degrees of performance, which then supersedes the other evaluation method. As much as the BARS method is commended for its objectivity, it is economical as each job grade requires its own BARS (Booyens, 2014:391; Warnich, Carrell, Elbert & Hatfield, 2015:309).

## **2.8 RESEARCH STUDIES IN PERFORMANCE APPRAISAL**

Research was conducted regarding the experiences of staff members regarding performance appraisal in the public sectors in South Africa. Nkosi, (2002:44), Ntsoakilethale, (2015:122), Bezuidenhout, (2011:8), and Paile, (2012:83), studied the experiences of employees regarding performance appraisal. The studies revealed that there is a gap between the processes detailed in the policy document and the implementation of the performance appraisal. The findings revealed lack of feedback, communication between the managers and the staff members, and lack of participation in goal setting. Managers tend to unilaterally decide on courses that the staff members should attend.

Nevertheless the study conducted by Paile (2012:84) on staff perceptions regarding the implementation of a performance appraisal and development system in Father Smangaliso Mkhathshwa centre indicated that staff members use performance appraisal as the means of earning extra income, while managers use performance appraisal as means of settling scores with the staff members.

Furthermore, Munzhedzi and Phango (2014:np) in the public sectors of the Limpopo Province found biased ratings due to subjective assessment and the setting of unrealistic performance targets. The studies above are the indicative of a problem that requires serious intervention at all levels.

## **2.9 Summary**

This chapter presented an overview of the history and methods of performance appraisal in the public and private sector. The value of preparation for the performance appraisal was discussed as it relates to both the manager and the staff member. The various methods of how performance appraisal could be conducted were addressed. The next chapter contains a discussion about the research methodology that was used to explore the experiences of nurses working in the primary health clinics regarding performance appraisals.

## **CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY**

### **3.1 INTRODUCTION**

The preceding chapter entailed a comprehensive literature review regarding performance appraisals nationally and internationally. The content of the chapter relates to the preparation for the performance appraisal sessions by the manager and the staff member, the effects of social context on the performance appraisal rating scores and commonly used methods of performance appraisal.

Chapter three contains a description of the research methodology that was applied to explore the experiences of primary health care nurses regarding performance appraisal. Research methodology is defined as the procedure followed by the researcher to answer the research question (Schwandt, 2007:191). As a result this chapter contains a description of the research process, i.e. the aim and objectives of the study, the research design, population and sampling, the research setting, data collection and analysis process.

### **3.2 AIM OF THE STUDY**

The study aimed to explore the experiences of nurses working in the primary health care clinics regarding performance appraisals.

### **3.3 OBJECTIVES**

The following objectives were set for this study:

- To explore the structure of performance appraisal (the method or a tool of performance appraisal used, the rating scale, the frequency, and the setting in which the performance appraisal takes place).
- To explore the process followed to conduct performance appraisal interviews (preparation level for the performance appraisal by parties involved, communication/participation level during the interview, the process followed to for example, set the staff member developmental goals)
- To explore the content of the performance appraisal interview (focus, review or feedback, specificity and performance attributes)
- To explore feelings of motivation among staff after the performance appraisal interview.
- To explore possible recommendations on how to improve performance appraisals in the primary health care clinics.

### **3.4 RESEARCH METHODOLOGY**

#### **3.4.1 Research Design**

A research design is a written plan that explains the process used to conduct the study (Burns & Grove, 2011:253).

This study employed the descriptive design with a qualitative approach. Researchers use the qualitative approach to explore people's feelings and experiences (Munhall, 2004:68; Holloway & Wheeler, 2010:3). A qualitative approach is valuable when the aim of the study is to explore a phenomenon in a particular situation (Burns & Grove, 2011:74). As a result, a qualitative approach was employed in this study to explore the experiences of the staff with the current practices regarding performance appraisal in primary healthcare clinics.

A descriptive design is valuable as it allows the researcher to gain more information and provide a picture about the phenomenon under study (Burns & Grove, 2011:256). Thus the descriptive design enabled the researcher to describe current practices, at the time of data collection, concerning performance appraisal in the context of primary healthcare clinics.

The section below takes the reader to the process applied to identify and select the right people to take part in the study.

#### **3.4.2 Population and sampling**

Population refers to any group of people or individuals who meet the criteria of being included in a study (Burns & Grove, 2011:51). The population for this study consisted of professional nurses working in primary health care clinics in the Central Health District of the Cape Metropole. At the time of the study, the researcher was employed by a private company and had no ties with the primary healthcare clinics in the Cape Metropole.

Three clinics in the Central Health District that were in a 20 kilometre reach from the workplace of the researcher were selected as the accessible population, meaning that the clinics are a portion of the target population to which the researcher has reasonable access (Burns & Grove, 2011:290). Moreover, the researcher resides in the Western Sub-district that is in close proximity with the Central Health District. Since the researcher works in the Central Health District the location of the clinics is ideal for travelling to and from the workplace.

Burns and Grove (2011:51) define the sample as the subset drawn from the population selected for a particular study. The sample for this study consisted of five professional



nurses from each of the three selected primary health care clinics in the Central Health District of the Cape Metropole Area. The clinics are owned by the Department of Health in the Western Cape Province.

The professional nurses selected for this study were permanently employed by the Department of Health in the Western Cape Province and have had at least two performance appraisal interviews in their careers with the last interview done not less than two months before the interview with the researcher. This is in line with the principles of purposive sampling by which the researcher deliberately selects people who have experience about the topic under study (Brink, 2006:133; Burns & Grove, 2011:51).

The sample size for this study consisted of 15 participants. According to Holloway and Wheeler (2010:59) individuals that take part in a qualitative study are referred to as the participants as they are not acted on but rather are participating in the study. The sample size in a qualitative approach is determined by the richness of the data collected. Hence, it was appropriate for the researcher to stop the interviews on the 15<sup>th</sup> participant as data saturation was reached. Data saturation occurs when no new information transpires with the addition of interviewees (Streubert & Carpenter, 1995:24; Burns & Grove, 2011:317).

The table below displays the final categories of staff members that took part in the interviews.

**Table 3.1 Categories of the participants**

	Primary healthcare clinic1	Primary healthcare clinic 2	Primary healthcare clinic 3
Senior Professional nurse (manager)(Appraiser)	1	1	1
Senior Professional nurse (Appraisee)	4	1	3
Professional nurse (Appraisee)	0	3	1

### 3.4.3 Data collection method

The Department of Health of the Western Cape Province granted the researcher permission to conduct the study at the mentioned clinics. The Department of Health provided a document stating the contact details for the facility managers in the selected primary health

care clinics. The researcher then contacted the facilities managers' telephonically confirming receipt of information regarding permission granted to the researcher by the Department of Health to conduct the study at the clinics. The telephone calls were then followed up with e-mails detailing the study requirements. The e-mail contained requests for assistance with the following aspects of data collection:

- Information about the days that would be convenient for data collection purposes; meaning when the clinic is least busy.
- Requesting 45-60 minutes per participant for the interview.
- Requesting a quiet room for conducting the interviews.
- Requesting names and contact details of the professional nurses who are permanently employed and have had at least two performance appraisal interviews in their careers so that the researcher can arrange appointments with them.

#### **3.4.4 Selection and recruitment process**

The researcher recruited the participants telephonically by requesting the list of all professional nurse's names and contact details from the facility manager from each clinic. The lists of professional nurses' names and their telephone numbers were emailed to the researcher. However, for clinic three, the facility manager had indicated on the initial email that the clinic was unable to accommodate the researcher's request to conduct interviews as the clinic was busy. The researcher had to visit the clinic to explain to the facility manager that the interviews could be done after hours. The names of all the professional nurses and their telephone numbers were subsequently obtained from the facility manager.

The researcher called each and every one on the list to make appointments for interviews. Only four professional nurses and the facility manager were recruited from each clinic. Each of the 3 clinics had indicated the day of the week and the time when it was convenient for the interviews to be conducted.

In the instance where a staff member had indicated that they would be on leave during the period of the interviews, the next name on the list was called until the researcher had 15 appointments. According to Burns and Grove (2011:362) it is important to recruit the adequate number of subjects originally planned as data analysis and interpretation depends on having an adequate sample size.

#### **3.4.5 The pilot interview**

The research supervisor provided training on how to conduct interviews utilizing the technique of reflection of Carl Rogers as advised by Boeree (2006: np). According to the technique, the interviewer should summarize the content to a question or probe and reflect it

back to the participant. Moreover, the interviewer should show unconditional positive regard towards the participant subsequently encouraging a trusting relationship between the researcher and the interviewee as substantiated by Boeree (2006: np). Once the supervisor was confident that the researcher was able to summarise and reflect appropriately during the training sessions, the researcher conducted a pilot interview with one participant not working at the participating clinics. Both the researcher and the supervisor listened to the interview and were in agreement that the participant understood the questions. Moreover, the researcher managed to summarize and reflect appropriately. The supervisor then agreed that the researcher may commence with the actual study.

#### **3.4.6 Interviews**

On arrival at the clinics for the interviews, the researcher was greeted by the security guards who then lead the researcher to the facility manager's office. The interview room was prepared and the participants were ready as the appointments were made in advance. The appointment with the participants were scheduled to ensure that the participants had set aside the required amount of time, so that undivided attention could be given to the interviews as recommended by Terre Blanche, Durrheim and Painter (2006:298).

Data collection was completed by means of individual interviews. Brink et al., (2006:204) defines an interview as a method of collecting data in which the interviewer obtains the responses from the participants in a personal or telephonic encounter. Holloway and Wheeler (2010:88) assert that interviews are useful when one intends to discover feelings, experiences, perceptions and thoughts.

It was appropriate for the researcher to employ the personal interview as the data collection method for this study, as there was a need to gather not just the answers to the questions but also to observe the non-verbal cues and to probe the participants to provide more information on the interview questions. The researcher had decided not to conduct more than two interviews a day to avoid exhaustion, which might influence the quality of the interviews. The supervisor involved in the study was present in the capacity of a moderator with six of the total of 15 interviews.

#### **3.4.7 Instrumentation**

The interview guide employed for the study consisted of six semi structured questions (see Appendix A). The semi structured interview is one of the recommended types of interviews for the qualitative study as it allows the opportunity for liberty in the answers provided (Burns & Grove, 2011:85). The semi structured interview was appropriate for this study as the focus

was on exploring the interpretation and meaning of the experiences by the participants as substantiated by Holloway and Wheeler (2010:59).

All questions on the interview guide were related to the objectives of the study. However, the sequencing of the questions during the interview was not the same for every participant as it depended on the responses provided by each participant. Nevertheless, all questions on the interview guide were covered with each participant. It is worth mentioning that probing in search for elaboration, meaning or reasons during the interviews was employed.

Besides the reasons for probing mentioned above, Holloway and Wheeler (2010:92) are of the view that probing questions assist in putting both the researcher and the participant at ease. The researcher concurs with the preceding view as she also witnessed increased ease amongst the participants that probing brought out during the interviews conducted. Apart from using probing questions as the strategy for eliciting more information from the participants, the researcher summarised the last statements of the participant, as this technique has also been found to encourage more talk (Holloway & Wheeler, 2010:92). The researcher also used nonverbal prompts such as eye contact, nodding of the head in acknowledgement of the idea or statement set forth by the participants, as a strategy to encourage the participant talk more.

With the permission from the participants the researcher used two tape recorders to capture the interviews. The second tape recorder was used as a back-up in case one tape recorder malfunctioned (Opdenakker, 2006:np). This technique was useful as after some interviews the researcher discovered that one recorder did not record the voices clearly and sometimes did not record at all.

### **3.4.8 Ethical considerations**

Researchers have the ethical responsibility of protecting and respecting the human rights of the participants. Self-determination, anonymity and confidentiality, informed consent, fair treatment and protection from harm were taken into consideration as enforced by the fundamental principles of human rights (Pera & Van Tonder, 2005:151; Burns & Grove, 2011:110).

#### **3.4.8.1 Principle of self-determination**

Self-determination simply means “self-rule”. Self-determination means that the participant in the research must be allowed to make a free, independent and informed decision without being pressurised (Burns & Grove 2011:110). The participant’s rights to autonomy was respected throughout the study as the participants were given information about the details

of the study, allowed to make choices to participate in the study and finally were informed that they were allowed to withdraw at any time during the study should they no longer wish to take part (Holloway & Wheeler, 2010:59). Besides the verbal explanation of the details of the study by the researcher, written information about the study, in the language that the participants understood, was provided. The latter finally ensured a thorough understanding of the study before providing written consent.

#### **3.4.8.2 Principle of confidentiality and anonymity**

The participants were assured that neither the name of the institutions nor names of the participants would be disclosed at any stage of the research. As a result, when transcribing names were mentioned, pseudo names were allocated. Furthermore, to strengthen confidentiality the recorded tapes are kept in a locked safe for at least five years. Only the researcher and the study supervisor involved have access to the tapes. However, in the interest of time the researcher had to hire a transcriber to transcribe the recorded tapes. The transcriber is a professional nurse holding a master's degree in nursing research and therefore understands the confidentiality obligations around research projects. Despite this, the researcher had drafted a confidentiality agreement which was signed by both the transcriber and the researcher (see Appendix E). All the above was implemented in accordance with the right to anonymity and confidentiality as stated in Burns and Grove (2011:117).

#### **3.4.8.3 Informed consent**

Informed consent means that the participants are fully informed about the research and are voluntarily agreeing to take part (Holloway & Wheeler, 2010:59; Burns & Grove, 2011:122). A consent form is a written document detailing the research process that the individuals sign before taking part in the research. Hence, each participant received an information leaflet about the study and had provided informed consent before the actual interview. In addition, consent for the recording of the interviews was obtained from each participant before each interview.

Consent was also obtained from the following institutions: Health Research Ethics Committee at the Faculty of Medicine and Health Science of Stellenbosch University, Health Research Committee of the Western Cape Government and the heads of the participating institutions.

#### **3.4.8.4 Principle of beneficence**

The principle of beneficence obligates the researcher not to do harm (Burns & Grove, 2011:107). The participants might not have been comfortable sharing the information about their experiences regarding performance appraisals as the subject is confidential and

sensitive in nature. Understanding the sensitivity of the subject the researcher had organised a mental health nurse to be available should the interviews provoke distressing memories and the participants became upset (Holloway & Wheeler, 2010:57). Furthermore, during the interview the researcher included light conversation with humour to minimise tension and create a relaxed atmosphere.

### **3.4.9 Trustworthiness**

The concept of validity and reliability generally used in quantitative research is substituted by the parallel concept of trustworthiness in qualitative research. Trustworthiness refers to the degree of truthfulness underlying the findings of the study (Holloway & Wheeler, 2010:298). The criteria employed to ensure trustworthiness in this study includes credibility, transferability, dependability and confirmability.

#### **3.4.9.1 Credibility**

Credibility refers to the degree to which the research methods and findings can be trusted (Shenton, 2003:64). To ensure credibility for this study, all interviews were audio recorded and transcribed word for word. The researcher then checked the transcripts for accuracy against the recordings.

Moreover, the researcher ensured credibility by employing member-checking. Member checking refers to the process during which the participants verify the data and the interpretation thereof (Shenton, 2003:68). The transcript for each participant was presented to the participant involved for verification and, in addition, affording them the opportunity to add any missing information. Furthermore, the researcher had performed member-checking during the interview by summarising and reflecting the messages of the participants. Member-checking was important to ensure that the findings were aligned with the experiences of the participants.

As another strategy for ensuring credibility, the researcher presented a thick and in-depth description of the research method and process including sampling, research setting, data collection and analysis.

#### **3.4.9.2 Transferability**

Transferability also known as generalizability refers to the extent to which the research findings in one context can be applied to similar situations or participants (Holloway & Wheeler, 2010:303). It involves the usefulness of one set of findings in explaining other similar situations. Consequently, the researcher presents a thick database and description of the research setting and process that relates to the data collection and data analysis. The

thick data base and thick description of the research setting and process will enable other researchers to determine whether the findings of the study are applicable in another context.

#### **3.4.9.3 Dependability**

Instead of using the term reliability Lincoln and Guba (1985: 300) use the term dependability. In order for the findings of the study to be dependable, there should be accuracy and consistency (Brink, 2006:119). To ensure dependency the study supervisor involved in the study validated the processes and procedures applied by the researcher. This process is referred to as an audit trail. Moreover, the researcher endeavoured to provide thick and rich descriptions of the research process to enhance the validation process. The latter is substantiated by Holloway and Wheeler (2010:303) who assert that to address the issue of dependability, the processes and the context in which the study took place must be reported in detail.

#### **3.4.9.4 Confirmability**

The concept of confirmability is the qualitative investigator's comparable concern of objectivity (Shenton, 2004:72). To ensure confirmability, recorded interviews were transcribed word for word and the raw data from the recorded interviews were used for data analysis. Furthermore, the identified themes and subthemes were checked and scrutinised by the researcher and the study supervisor. Where there were disagreements, the transcripts were re-read, tapes were re-played and discussions were held until both parties came to an agreement.

#### **3.4.10 Data analysis**

Qualitative study requires the researcher to practise reflection (Burns & Grove, 2011:96). To ensure interaction/engagement of the researcher with the data on the day that the interview occurred, the researcher re-played the tapes, reflected on the participant's tone of voice, and non-verbal cues observed during the interview. This exercise of collecting and analysing data at the same time is supported by Brink *et al.* (2006:192). This practise was beneficial to the researcher as the information was still fresh in the researcher's mind and assisted in the recollection of almost every interaction.

The researcher applied the principle of bracketing to guard against distorting the findings. Burns and Grove (2011:96) refer to bracketing as the process of identifying and putting aside what the researcher knows about the experiences and any feelings regarding the topic under study and simply listens to what the participant says.

To analyse the data, the researcher applied the five steps as described by Terre Blanche, Durheim, and Painter (2006: 322-325). The steps are: familiarisation and immersion, inducing themes, coding, elaboration, interpretation and checking

#### **3.4.10.1 Familiarisation and immersion**

The researcher reread the transcripts and repeatedly played the audio recordings. Observations and experiences were recalled while listening to the recorded tapes and reading the transcripts. The researcher had written notes, drawn diagrams and brainstormed with the data in an effort to become familiar and be immersed in the data. The aforementioned enabled the researcher to comprehend the experiences of the participants regarding performance appraisal interviews.

#### **3.4.10.2. Inducing themes**

In step two, the collected data were categorised. The researcher first sorted the data using the language of the participant, labelled the categories and then moved it to higher level of complexity. The themes were then rearranged reflecting the themes and the subthemes.

#### **3.4.10.3 Coding**

Terre Blanche et al., (2006:326) refers to coding as the process of marking sections of the data and labelling them. The participants were coded numerically. The researcher progressed to singling out phrases that were used by the participants, with the intention of avoiding the researcher imposing her own ideas on the data. The data was then categorised and put together under headings. The process then further progressed towards linking the related components.

#### **3.4.10.4 Elaboration**

The researcher explored the themes induced in step two and revisited the coding system done in step three. This exercise enabled the researcher to capture the finer details that were missed during step two and three.

#### **3.4.10.5 Interpretation and checking**

This final step involved putting together the interpretation of the data (Burns & Grove, 2011:97). The findings of the study were put into a larger context and the search for connection between various themes was undertaken.

### **3.5 SUMMARY**

Chapter three contains a description of the research methodology as applied in the study. Subsequently an explanation was provided about the design, how it ties in with the research question and aim. Furthermore, detailed descriptions were provided about processes such as population and sampling, data collection and analysis, the ethical principles and trustworthiness.

The next chapter contains a description of the interpretation of the research findings.



## **CHAPTER 4: DATA ANALYSIS AND INTERPRETATION**

### **4.1 INTRODUCTION**

Chapter four focuses on the analysis and interpretation of the raw data concerning the experiences of nurses working in the primary health care clinics regarding performance appraisals. The data is discussed in two sections. The first section offers the biographical data harvested from the interviews, whilst the second section presents the themes and the sub-themes that emerged from the interrogation of the raw data.

According to Terre Blanche et al. (2006:321), the key to good interpretive analysis is to stay close to the data. Being close to the data enables the researcher to understand and interpret the data empathetically. To embrace the former, the researcher has reread the transcripts and the notes that were taken from each of the interview sessions, replayed the recorded tapes and induced the themes and the sub-themes. Holloway and Wheeler (2010:340) refer to induction as the reasoning process to which the researcher progresses from the specific and concrete to the general and abstract principles. Therefore, a bottom-up approach was used to analyse and interpret the collected data.

### **4.2 SECTION 1: BIOGRAPHICAL DATA**

#### **4.2.1 Gender**

All n=15 participants were female. The latter is explained by the fact that nursing is generally a female dominated profession. The South African Nursing Council's (SANC) geographical distribution report of 2013 confirms that out of 16 031 professional nurses in the Western Cape Province, 15 016 are females and only 1 015 are males (SANC, 2013: np).

#### **4.2.2 Years of experience in the primary health care clinics**

The years of experience of participants in the primary health care clinics ranged from two to fifteen years. Three participants had worked in the primary health care clinics for two years, while n-1 for 4 years and n-11 have worked in the setting for 10 to 15 years. The years of employment in the primary health care clinics is worth considering for this study as it provides the reader with the idea of the validity of the experiences reported.

#### **4.2.3 Occupational levels of the participants**

Three of the participants interviewed, that is n=1 participant from each of the participating clinics, served as the operational manager of the respective clinic. These participants have the responsibility to conduct performance appraisal interviews with the staff members. The rest of the participants occupied the non-managerial positions.

### 4.3 SECTION 2: THEMES AND SUB-THEMES THAT EMERGED FROM THE DATA

In this section the research findings are presented in themes and sub-themes. Nine themes emerged from the interviews, namely, preparation for the performance appraisal interview; training regarding the performance appraisal interview; the actual interview; frequency of performance appraisal interviews; targets; evidences; monetary reward; capacity building and favouritism.

**Table 4.1 Themes and Sub-themes**

Themes	Sub-themes
Preparation for the performance appraisal interview.	<ul style="list-style-type: none"> <li>• Adequate preparation</li> <li>• Inadequate preparation</li> </ul>
Training regarding performance appraisal interviews	<ul style="list-style-type: none"> <li>• No training</li> <li>• Inadequate training</li> </ul>
Frequency of performance reviews	<ul style="list-style-type: none"> <li>• Irregular performance appraisal reviews</li> <li>• Regular performance appraisal reviews</li> </ul>
Actual interviews	
Targets	<ul style="list-style-type: none"> <li>• Unrealistic and unachievable targets</li> <li>• Realistic targets</li> </ul>
Evidence (critical incident report)	<ul style="list-style-type: none"> <li>• The idea of recording evidences</li> <li>• Validity of the evidences</li> <li>• Content of the evidences</li> </ul>
Monetary reward	<ul style="list-style-type: none"> <li>• Team morale</li> <li>• Motivational or de-motivational factor</li> <li>• In favour of monetary reward</li> </ul>
Capacity building	<ul style="list-style-type: none"> <li>• Developmental goals</li> <li>• Follow up</li> </ul>
Favouritism	<ul style="list-style-type: none"> <li>• Positive relationships</li> </ul>

#### 4.3.1 Preparation for the performance appraisal interview

This theme relates to how well the staff members are prepared for the performance appraisal interview. Performance appraisal requires good preparation from both the staff member and the manager. Staff members are to be given at least two weeks' notice before the performance appraisal interview date, to allow for self-assessment and for collection of any supporting evidence (Booyens, 2014:396; Warnich et al., 2015:299). Preparation for the performance appraisal interview will enhance the discussion between the staff member and the manager as thorough preparation is essential as important matters that concern the staff member's performance and units operation are to be discussed.

#### **4.3.1.1 Adequate preparation**

Performance appraisal interviews are done on regular basis (3 monthly) in the participating primary health care clinics. Yet the manager has to arrange specific dates for performance appraisal interviews with staff members' in advance. Staff members should be reminded about the forthcoming interview and so that they have adequate time to prepare for the performance appraisal interview. Some participants indicated that they know that performance appraisals are done on a 3 monthly basis and would therefore keep records of all their evidences during the evaluation period. Moreover, their manager would remind them of the performance appraisal interviews 2 weeks in advance.

"Yes. She does, she does give us time to prepare, you know like something like, two to three weeks before they say you know on such and such a date, it will be you on such and such a date, it will be you, I will do the sisters, I will do, so she does give us time to prepare yourself" (Participant 1: Senior Professional Nurse).

The comment suggests that in this particular clinic the staff members were prepared well in advance for the performance appraisal interviews, and seem content about the process of performance appraisal interviews.

#### **4.3.1.2 Inadequate preparation**

However, preparation is inadequate in other clinics as the other participants verbalised. They would be told of the performance appraisal reviews on the day or two days before the interview.

"As I'm saying to you it's now the 30<sup>th</sup> June, come let's do your thing quickly. Um I think you're a 3, 3, 3, and there, finish, "klaar": That's why I say it's like a big problem. It's like window dressing "(Participant 10: Senior Professional Nurse).

"...like you.... mentioned now the preparation I would definitely ask them to inform us beforehand so that we can prepare us. No. They won't like tell you, this set day and time" (Participant 3: Professional Nurse).

The comments denote that arrangements for the performance appraisal interviews were not always made in advance, thus leading to haphazard and meaningless performance appraisal interviews. Being unprepared defeats the purpose for the performance appraisal interviews. Instead, performance appraisal then merely becomes another task that requires completion. Thoroughness and quality could be compromised.

### **4.3.2 Training on performance appraisals**

It is imperative that staff members and managers receive adequate training on the performance appraisal instrument (forms and paper work), rating scales, how the staff member's performances are to be measured, each parties' rights and responsibility during the appraisal and, most of all, the purpose of the performance appraisals interviews (Fletcher, 2004:78).

#### **4.3.2.1 No training**

Most participants voiced that they never received training on performance appraisals, worst of all some of them occupying managerial positions where it is expected of them to conduct performance appraisal interviews. The first statement below, among many, is from a unit manager admitting that she was not initially trained on how to conduct performance appraisal; that training on performance appraisal was provided at a later stage.

"I think the time I started using this SPMS, I felt like no, somebody must teach me here, must show me how to do this. I was just given but now no course was conducted. I didn't go for any other training. It was difficult if you, as a supervisor if I don't understand what are expected there, I can't even tell the person my, my, sub-ordinate yah this is what's expected. It was a little bit difficult for me but they sent.... We went for training and it was much better" (Participant 5: Manager).

"It's like your supervisors, has no idea how to do it. They should have training first to do it properly and then come and sit with you. But I mean everybody should have training. Every staff member should know what it is all about. How it's supposed to be done and .... It sounds very negative but it's just true" (Participant 10: Professional Nurse).

In general, participants admitted the presence of information deficits regarding performance appraisal. The identified deficit can be alleviated by robust training on, for example, the performance appraisal structures, processes and purposes.

#### **4.3.2.2 Inadequate training**

Some participants state that they had received training on performance appraisal. Yet, the training was insufficient as all the relevant aspects were not covered. The participants had recommended that all staff members attend the training sessions as the training was found to be valuable.

"I went for training half a day; I mean it's also not everything. I went to training but that was a long time ago. But nobody else as far as I know has had training. Yeah it was not even half a day; it was for 2 or 3 hours that we were there" (Participant 10: Senior Professional Nurse).

“It was a little bit difficult for me, but they sent...we went for training and it was much better. Training was mostly on the rating format, and an overview of the purpose of the performance appraisal. It only took less than 2 hours.” (Participant 5: Manager).

Noting the second statement above, the participant states that she was much better after she received training on performance appraisal. The training seems to have been rather short and the content covered is not clear. The wording ‘much better’ and ‘not everything’ give the impression that there is still uncertainty and discomfort about conducting performance appraisals.

#### **4.3.3 Frequency for performance appraisal reviews**

As stipulated by the Western Cape Public Service Regulations (South Africa, 2010:38) performance appraisals in the primary health care clinics are conducted quarterly. This is to ensure a continuous observation and assessment of the staff member’s performance, enhancing the staff member skills thus strengthening service delivery (Booyens, 2014:388).

##### **4.3.3.1 Frequency: irregular**

During the interviews it emerged that performance appraisal in the clinics is conducted on a quarterly basis; four times a year. The submission of individual performance to the Department of Health is done annually. In some clinics this process is indeed completed according to the policy. However, it became evident that in some clinics the 3 monthly interviews are not always commonly conducted during the year. At the end of the financial year when performance appraisals are due for submission to the Department of Health the manager will start completing the performance appraisal forms from the previous quarters that were not completed.

“Even now I had given them the date for the performance appraisal interview, but no one has come into my office for the review yet until the next review when it is the final PA review” (Participant 15: Manager).

“Like I said to you it’s not like it’s a continuous thing, it’s right of the...the 30<sup>th</sup> June, so this must be in. So please I want everybody’s stuff by the end of the week. So now it’s a quick, come, come let me do your...quick, quick complete your forms, score you here, happy, finish, “klaar”” (Participant 10: Senior Professional Nurse).

The above comments indicate that performance reviews are not strictly completed on a quarterly basis. It also provides a notion that time might be a problem. The practicality and feasibility of quarterly reviews is thus questionable. As the above comments indicate, that

staff members do not adhere to pre-arranged dates with managers to complete a quarterly review.

A participant from the same clinic concurs that performance appraisals in this clinic are not done quarterly but that a tendency exists to complete the performance appraisal forms of the previous quarters on the same day. The clinic is very busy and the manager is seldom in the clinic as she has to attend departmental meetings.

“They also so tired I think, when they sit with you it's like they don't have time also and you don't have time, the patients are waiting so you can't...but they say like it must be filled in so you, oh okay what must I do? Okay yes, yes, yes, yes, yes, yes, and you sign” (Participant 12: Senior Professional Nurse).

“Yes. It's just it must be done because your department wants it done and then everything is filled in and then...” (Participant 12: Senior Professional Nurse).

#### **4.3.3.2 Frequency – regular**

In some clinics the frequency of performance appraisal interviews occurs as stipulated in the South African Public Service Regulations (1997).

“I happen to learn some things which I like because here quarterly, they will do the rating, which wasn't happening where I came from”. (Participant 7: Manager).

The above comment signifies that the participant agrees with the policy and sees value in it. The recommendation would therefore be for the department to continue conducting the performance appraisal interviews every third month, nonetheless supervision from the human resource department should be put in place.

#### **4.3.4 The actual interview**

The actual performance appraisal interview should consist of dialogue between the staff member and the manager. The study reveals that in some clinics there is no dialogue between the staff member and the manager regarding the work performance of the staff member. The performance appraisal sessions are rather administrative in nature as it mostly relates to completing and submitting the performance appraisal form.

“Cause it's a thick page booklet that you get with your name and your level, and it must be done quarterly, sometimes quarterly gets signed in here by the 3rd quarter, like the last quarter and then quickly just get done and then you fill. Okay you've never signed there, you

never signed there so you sign there quickly. Yes and you fill in and you sign for everything that wasn't filled in" (Participant 12: Senior Professional Nurse).

However, in some clinics the discussion during the interview mostly relates to the rating scores. Important matters, such as problems that impede a staff member's work performance in the clinics and developmental goals that are supposed to be discussed during the interview session, are not included.

"Do you touch any developmental areas during the performance appraisal?" (Interviewer)

"It's not get touched sister during the performance appraisal. It will be touched when the year starts, where we will be called by the supervisor. There's a form that we fill in, I forgot the form" (Participant 9: Professional Nurse).

Nevertheless in some clinics participants commented that adequate feedback is provided by the manager about their performance. Moreover, a discussion takes place about the issues that affect their work in the clinic and between them and the manager they would negotiate the rating scores.

"I've signed, I've ticked, yes, planned, you know what's your next step for the future, your goals for the future, and then I'm excited. I'm going to do this; I'm going to be studying" (Participant 1: Senior Professional Nurse).

The actual interview thus varies between a rather proper procedure, a rather superficial interview and an interview that is quite short and administrative.

#### **4.3.5 Targets**

The behavioural anchored rating scale (BARS) which is the combination of the graphic rating scale and the critical incident report is the performance appraisal method that is employed in all the participating clinics (refer to point 2.6.8 to 2.7.8 for the definition of the method and further details). Yet, key performance areas are tailored according to the nature of the department that each staff member is working in, for example a professional nurse working in the baby clinic cannot have the same key performance area as the professional nurse working in the TB room.

One of the key performance areas in the performance appraisal form articulates, among other things, the targets. For example, the number of patients that the staff member must attend to on a daily basis (productivity) in their respective working areas as an evaluative

measure. However, it emerged during the interviews that the set targets are not realistic and are unachievable.

Primary health care services are required to suit the needs of the community that the facility serves. Situational analysis, therefore, should be conducted regularly in order to ascertain that the services rendered by the facility are still relevant to the community it serves. This should be mirrored by reviewing of the key performance areas or targets for the staff members.

The following statements extracted from the interviews, attest that situational or environmental analysis are not done, thus leading to unrealistic and unachievable set targets. Meaningless performance measurement ensues.

#### **4.3.5.1 Targets - unrealistic and unachievable**

Most participants commented that the targets set are unrealistic and are difficult to achieve. They never leave patients unattended in the clinic but at the same time they do not reach their targets. The participants commented that they are required to conduct community outreach to help them to reach their targets. However, the community outreach sessions tend not to provide the desired outcome either.

Community outreach is the approach used by the South African government to increase access to health services by the communities through the use of mobile clinics. The mobile clinics provide services such as awareness campaigns, screening for early detection of the disease, early referral and commencement of treatment. The services to be rendered are sometimes driven by the disease outbreaks (Dirk, Clarke, Van Zyl & Daniels, 2007:np). Patients seen during the community outbreak would be referred to the clinics nearer to where they live for further management. The statements below are an indication of the frustration that the participants are experiencing around the issue of set targets.

“Now we are not reaching our targets. How can you expect me to get 130 pap smears again this year if you brought Clicks (Clicks is a retail company that provides primary healthcare services) on board? Because people now know that between 1 and 5 it's free I can phone Clicks and make an appointment, how many Clicks are around here? There are 3 that I know” (Participant 4: Senior Professional Nurse).

“I'm expected to see 30 patients per day; 25-30 per day which I even hardly do so. You need to check also, that's why I also said to my supervisor, you need to check the area as well. Yes if it was in Gugulethu, Langa, I would've seen 60 patients definitely. This is a suburb, you



know, not that people are not sick here but they are not...their lifestyle living is not like they are unprivileged like us in the location. (Participant 9: Professional Nurse).

The unrealistic targets are a concern and frustration to staff members, such that one participant has decided to review her targets with the manager and provide her input as to what is indeed achievable.

“Only now sister Olga I realize and sometimes I’m still, I’m still thinking that I still need to have a meeting with my facility manager and tell her this is not gonna work for me” (Participant 9: Professional Nurse).

“I cannot see 10 BANC (basic antenatal care) patients per day because for me it takes 45 to an hour to see a new patient and I’m the only one. If you take, we’re an 8 hour facility, if I take 10 patients, am I going to give the nursing care that I want to give for that patient because you ask me to have a certain amount of target? Am I gonna get that?” (Participant 4: Professional Nurse).

Owing to the participant’s experiences regarding targets that are unrealistic and unattainable, it is important that the targets are regularly reviewed. Situational analysis should also be conducted regularly and targets adjusted accordingly. Over and above, the quality of care should take precedence.

#### **4.3.5.2 Targets – views of managers: realistic and attainable targets**

However, one participant had confidently commented that the targets set are realistic, measurable and achievable. The quotation below attests to the above notion. It is also worth mentioning though, that the particular participant is occupying a managerial position. Managers are not allocated patients as their work is mostly administrative. However, in the case when there is shortage of staff, the manager fills the gap.

“My experience is quite positive in the mere fact that when we do, when I sit with my supervisor and we do our performance agreement plan, then we are very specific. So it’s measurable. So I know what I need to perform like “(Participant 15: Manager).

The matter about the unrealistic targets brings about the issue of staff member involvement in the development of the key performance areas. Some participants had indicated that they sit down with the supervisor to determine what is achievable and what is not achievable based on the situational analysis done. The statements below are aligned with the former comment.

“Because you as a manager if you are not proactive in determining what is achievable and what’s not achievable, you will sit year after year after year and you’re unhappy with it and then you say but the performance appraisal system is not working” (Participant 15: Manager)

“Beginning of the financial year you will have your performance plans, where you call in your staff and you go through the performance plan with your staff”(Participant 7: Manager).

The above comments were made by the managers. The involvement of the managers with clinical duties such as pap smears and clinical assessments of patients on a daily basis is minimal. Targets of managers in this setting relates to the number of patients treated at the respective clinic on a monthly basis.

On the other hand, it surfaced that even though staff members are present when the targets are set, there is no active participation between the managers and the staff member during these occasions and that the manager determines the target. When the participant brought to the manager’s attention that the targets set are not achievable, the manager explained the rationale used to set the targets, which did not help much as the targets did not changed.

“And if you don’t reach your target then you cannot get a 3 (3 is the normative rating; a 4 is anything more than what is expected of you and a 5 the ultimate) because according, if you want to get a 3 then that mean your target has been reached you work in that performance that was drawn up for you” (Participant 4: Professional Nurse).

“This KPA actually was created, we were present the time my managers started to create what is gonna be expected. That time I was new to the TB room, I knew nothing about TB” (Participant 9: Professional Nurse).

Deducing from the above, it is imperative to have an understanding of the participants’ experiences and how it relates to role expectations in the clinic; what is expected of managers and what is expected of the professional nurse who functions/role activities relate to patient care. Moreover, the manager’s input appears to carry more weight or is regarded as a deciding factor. The staff member’s input is minimal despite their presence. Furthermore, the manager controls the final target and although present during the meeting, the staff member is expected to accept the targets that were set for her. It is imperative that staff members actively participate in the discussion during the development of the key performance areas, as that will enhance accountability and acceptance of the performance appraisal results.

### **4.3.6 Evidence**

Any evidence, according to the participants, refers to the critical incident report that the participants are required to bring forth in order to qualify for the rating score of four and above. Staff members are to record incidents where they have performed above the normative standards of their job description, meaning they have achieved more than the set target. These recorded incidents are then regarded as evidence that will enable them to achieve a rating of four or five.

#### **4.3.6.1 Recording of Evidences**

Besides the expectation of reaching the targets as the performance measuring tool, participants are also expected to provide the proof of incidents that had occurred during the performance appraisal period. Only two participants seemed content with the idea of recording and producing evidence.

“Yes, so like I, I do, I will keep record of the things that I do, you know, that is over and above, what is expected of me as I go along. Now I’ve also because we don’t keep, we don’t keep the record of what we do. So I also now, I just keep as I go along the way, I do, and I do it with the doctors, when you’re under their supervision. And I just keep record before I forget” (Participant 2: Senior Professional Nurse).

The majority of the participants view the act of collecting and writing evidences as childish and ridiculous. These participants believe the manager should be knowledgeable about the individual staff member’s performance and contribution to the team from their own observations. Subsequently, the manager should record incidents where staff members have performed above normal standards.

“Most of the time my manager will ask me where is the evidence and I never have the evidence, because it’s..... that is also the other thing. Why must I have evidence, you know what kind of a worker I am, no I do not sit in my office and paint nails. Then she tells me that but I cannot give you a 4 because you must have evidence “(Participant 4: Professional Nurse).

“I don’t know, the thing with performance appraisals is the evidence that they want is from my point of view as a manager I mean you’re going to know your... ..your staff members, how much input they put in and all that” (Participant 8: Senior Professional Nurse).

Although the staff member collects and records incidents that could serve as evidence for a higher than normal performance, the manager has to decide what is indeed more than what was expected of a staff member in terms of the job description.

#### **4.3.6.2 Validity of the evidences**

The validity of the evidences that are provided by the staff member is decided upon by the manager conducting the performance appraisal interview. It has emerged that quite often the manager does not regard the evidence as valid and incidents that serve as evidence are thus nullified. This leads to the participants becoming despondent about the performance appraisal process. The participants' responses below demonstrate frustration that they experience around the issue of the validation of evidences during the performance appraisal interviews.

"I thought in my opinion I did something that I could have evidence for my performance, so my supervisor said, no that is not worthy to write about. So I feel a bit offended, but because she was a supervisor, you assume she knows what she's talking about and I think sometimes they don't even know what it's all about"(Participant 11: Senior Professional Nurse).

"Of course I do produce my, my...but it's not sufficient enough, my evidence. It's not sufficient enough. I'm happy that you came now because we just did the PMDS 2 weeks ago, I think if I'm not mistaken. I've...let me just show you my evidence actually that I produced to her. So she said that wasn't sufficient enough. Then I just said what do you want from me? That was the question I asked and so ugly like that" (Participant 9: Professional Nurse).

It therefore appears that staff members and managers should reach an agreement or framework of what could be regarded as a critical incident; since the incident will serve as evidence. Since the incident should relate to more than the normal duties of the staff member, for example, enrolled nurses sometimes perform duties that are not in their scope of practise, as they believe that this could serve as evidence for a rating of 4 or 5.

However, as it is not part of their scope of practice these incidents are not regarded as valid. On the other hand, should the unit become very busy and enrolled nurses perform duties such as drawing blood (which is not within their scope of practise), these actions are appreciated.

"And you know .....it really we've got so many incidents here.....there was a staff nurse that used to do the taking of blood and everything but when it comes to submitting the SPMS and everything, he was told that it's not within his scope of practise. Now that certain individual stopped doing that, no matter how crowded or how busy we are, he won't do that because it's not within his scope of practice" (Participant 6: Professional Nurse).

The former quotation demonstrates a need for a clear line of what could serve as evidence.

Inconsistency in the criteria for validating incidents, demoralises the staff members and ultimately causes the staff members to lose faith in the performance appraisal system. Besides the loss of faith in the performance appraisal processes, the staff member stopped assisting with practices that are not in their scope of practise even though the staff member is comfortable and competent to perform the task.

Some comments provide the idea that although the manager has approved certain evidence the Department of Health, Western Cape government could also amend the scores; meaning nullify them or decrease or increase a score, depending on the evidence that accompanies the performance appraisal form that was submitted. According to the Western Cape Province Department of Education PMDS for public service personnel procedure manual the moderating committee focuses on the spread of the ratings across the department and search for apparent abnormalities where the related manager will be summoned for explanation. However, it appears that managers are not always required /summoned to explain the scores. Yet, the idea is created that the rating scores are sometimes changed as it would become apparent that the staff member did not receive the performance bonus. The comment below attests to the above.

“The moderators. People who were on the panel could say no Olga is gonna get it because I put in a good word for her, so she’s going through. That type of thing. And it’s, honestly. I’m not making it up. So I don’t have faith in the whole process” (Participant 10: Senior Professional Nurse).

The comment above further confirms the uncertainty surrounding the validity of evidence and how this uncertainty influences the motivation of the staff member.

#### **4.3.7 Monetary rewards**

Staff members who perform above the expected standard receive a monetary reward (South African Public Service Regulations, 1997:np). Performance bonus was to serve as a form of motivation.

##### ***4.3.7.1 Monetary reward versus team spirit***

Most participants are against the monetary reward that is granted by the department to those who have over-performed. The participants verbalised that the monetary reward tends to cause friction among the team members. Staff members who did not obtain a monetary reward often feel devalued and retaliate by ostracising those that have received the reward.

The participants were asked how they feel about the performance bonus that is awarded to the staff members that have over-performed. Their responses below demonstrate the sense of disagreement to the idea of a monetary reward.

“But I, Maybe I, I don’t know, maybe I’m out of line, the introduction by the department of why the appraisal performance is being done. Why is it a good tool and also to attach “moola”, money to those who have done well, has really caused a lot of disharmony, damage to the staff. Because come the month when the performance appraisals have been reviewed and the people are getting money, the attacks that people get, those that, they even though it’s supposed to be a secret and I don’t know ..... how people ever get to know that this person has got the money? And it is just a big fight amongst the staff. Instead of patting somebody and say, hey you have done well, congratulations” (Participants 1: Senior Professional Nurse).

It is clear that the monetary reward causes animosity among the staff rather than building the team. Rewarding the few individuals, while demoralising the rest of the staff members, is definitely not the intention of the government with the implementation of PMDS. No one can work in isolation and, moreover, most probably those staff members who had outstanding performances would not have attained it without the presence of their team members.

The controversy and unhappiness that is caused by the reward system creates the idea that the PMDS process in the healthcare system should be reviewed. Monetary reward, as explained above promotes individualism, which is not good for the organisations as the services demand team work.

#### **4.3.7.2 Monetary reward versus motivation**

A performance bonus is given to the staff members who have demonstrated a high sense of commitment and over-performed. However, some participants commented that money does not really motivate them, but other things such as observing an improvement in the health of patients to whom care was rendered and being able to motivate patients.

“For me, if I’ve seen a patient and I have, I’m able to make the patient understand what is diabetes and this is the diet you should follow, and I see in 2 months, 3 months’ time, okay this patient is now really, the sugar is coming down and his weight is coming down, that is my motivation. Patients, thank you, now you taught me something today. That’s my motivation. I’m not interested in...I really enjoy my job. I want to get through to the patient. That’s my motivation” (Participant 10: Senior Professional Nurse).

Motivation can therefore be achieved through the work itself and not necessarily money.

#### **4.3.7.3 Monetary reward and recognition**

Some participants were not as strongly against the monetary rewards as the other participants. In the same breath it was commented that money alone does not motivate; the provision of money must be accompanied with recognition.

“We sometimes say amongst each other there in the private sector, you know I didn’t even need a chocolate or R20, just for her to say to me, you did very well, thank you. You understand, but we are human beings here. We need money, these things, our lives go around money. So I will stick to the money thing but for me it’s nice for somebody also just to say, thank you, you did well” (Participant 9: Professional Nurse).

A performance bonus alone is not sufficient to serve as a motivator. Mere acknowledgement for the work that has been completed, together with money, are seemingly more satisfying.

#### **4.3.8 Capacity building**

The main reason for performance appraisal is to equip the staff members with skills thus enhancing staff performance and productivity. Work performance can be improved by identifying the developmental needs of a staff member and assisting the staff member to become competent, ultimately enabling the individual to accomplish their tasks more efficiently (Booyens, 2014:386). Subsequently, the staff member becomes more skilled, which contributes to increased staff performance and productivity.

##### **4.3.8.1 Developmental goals**

During the performance appraisal interview, the manager together with the staff member discusses developmental goals, and aligns these goals with the organisation’s objectives. Participants have indicated that during the performance appraisal interview, the focus is more on the organisational needs rather than the staff member’s needs. As a result, staff members tend to shift their focus from the courses that they wish to enrol in and consent to be sent on courses that are aligned with needs of the clinic.

“Sometimes you will see it also depends on what the facility needs. You know that is a skill that...the facility needs it. But I mean obviously I’m not going to say I want to become a tutor if I’m not going to...who am I going to tutor here at this clinic? It’s a skill that is out there. But it’s a skill that I want here...that is going to improve my performance. Yes” (Participant 1: Senior Professional Nurse).

That’s how it is; she’s sending me now for the midwifery because definitely I have to relieve the sister. Only one sister is doing it currently. So there’s a need in the facility for it. So anyway that’s how we touch it (Participant 9: Professional Nurse).

Most of the participants attest that capacity building is discussed during the performance appraisal interview. However, little or no follow up is made about the set developmental goals until the next performance appraisal. When the staff members attempt to follow up on when the training will commence, the managers provide excuses.

“Not, not all but you know some of them would still be, they’re still hanging. Up till now, they are still hanging yes. Then sometimes you are told the budget is depleted. Yes, there’s no money for you to go. We can’t send too many people at the same time, they’re short staffed” (Participant 1: Senior Professional Nurse).

Although staff members tend to focus on courses that will enhance their competencies in the primary healthcare setting, the courses do not always materialize due to budgetary constraints.

#### **4.3.8.2 Follow up**

For the performance appraisal reviews to be effective, managers should follow up on the deficiencies that were identified during performance appraisal and affirm whether staff members adhere to the processes or goals to address those deficiencies.

“Then six months, there’s another one. Do another one, no follow up on the goals that have been set. And then you make another plan. Probably you add or you still repeat the same plans, the same goals that you want to achieve for yourself. That’s it. ” (Participant 1: Senior Professional Nurse).

The comment above shows that managers do not always follow up on goals that were set to address deficiencies. Yet, the staff member re-invents the same goals with the next performance appraisal. Subsequently, the process of performance appraisal seems to be in vain as goals are not actively pursued.

#### **4.3.9 Favouritism**

Some participants commented that the relationship that some staff members have with the manager influences the manager’s acceptance of the evidence submitted by those staff members. Consequently, those who have a good relationship with the manager benefit as their chances to obtain a bonus are seemingly greater. The situation was viewed as favouritism as the manager is required to remain objective despite the positive relationship with an individual staff member.



“Well on favouritism, is that, if you’re not in favour of the boss, you know, if you’re not part of her circle of friends, you’re not gonna get SPMS. You know and that has been like that the past 5 years and that is why the same people will always get SPMS. You know what I’m saying. Because why they hang out together, they do weekend things, their family things. You know what I’m saying, all those things yah. And you that are a threat, you know to the higher authorities, being you, you will never get it just because of your character or being this threat and that’s all” (Participant 14: Senior Professional Nurse).

Yet, one participant who happened to be the manager indicated that some people would get the performance bonus every year as they perform every year. The participant does not think that it is favouritism.

“No, although others think that if same people get yearly, it’s not fair. But my personal opinion is, you can get it yearly if you’re perform yearly” (Participant 7: Manager).

Staff members who are awarded a bonus are to keep it a secret; yet the news does reach the rest of the staff. The comment, perhaps, indicates a need for transparency and clarification of bonuses that were awarded, thereby confirming or nullifying the possibility of favouritism.

#### **4.4 SUMMARY**

In this chapter the results of the study were presented and discussed. Biographical details as well as the factors related to the experiences of nurses regarding performance appraisal, were presented.

The findings confirm that the participant’s experiences regarding performance appraisal is unpleasant. Accuracy around the performance appraisal instrument is alarming and needs considerable attention. Performance appraisal processes such as training, preparation for the performance appraisal are documented; however, the practical part of it is questionable. Chapter five provides a concise overview of the findings, demonstrating the realization of the study objectives. Recommendations are also presented in chapter 5.

## CHAPTER 5: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

### 5.1 INTRODUCTION

The previous chapter dealt with the research findings and interpretation of the data. The current chapter contains a presentation of the conclusions on the findings regarding the experiences of the nurses working in the primary health care clinics with regards to performance appraisal interviews. The conclusions are discussed according to the objectives of the study. Based on the empirical evidence, recommendations are proposed towards improving performance appraisal interviews in the primary health care clinics. This chapter also contains a description of the limitations and the final conclusions of the study.

### 5.2 DISCUSSIONS AND RECOMMENDATIONS

The aim of the study was to explore the experiences of nurses working in the primary health care clinics regarding performance appraisals. The discussion contains a presentation on the findings of the study in relation to the study objectives.

#### 5.2.1 Objective 1: The procedural structure of the performance appraisal interviews (purpose, frequency and rating format)

The current study was conducted in primary health care clinics which are state owned clinics. Performance appraisal is mainly conducted to improve work performance and subsequently productivity, ultimately enhancing service delivery in these institutions (Booyens, 2014:386; Meyer, Naude, Shangase & Van Niekerk, 2010:299).

The public sector institutions use the Performance Management Development System (PMDS) to assess individual staff performance. Policies and procedures include among other things the standardised appraisal forms, assessment criteria, and the frequency by which performance appraisal should be conducted (Western Cape Education Department PMDS procedure manual).

**Purpose:** The findings of the study show (see Chapter 4, Section 4.3.2.1) that the participants were not really sure what PMDS is about as not all of the staff members received training regarding PMDS with the implementation of the system. Those who received training about PMDS verbalised that the training was rather short and had a strong focus on the rating element. In addition, the participants could not provide a distinct purpose for performance appraisal (see Chapter 4, Section 4.3.2.2).

Performance appraisal according to PMDS is a relatively new system in public institutions in South Africa (Public Service Regulations, SA, 2001). Subsequently managers and staff members could benefit from training that relates to the principles of performance appraisal

such as guidance on setting objectives during the interview, how to prepare for the appraisal, how to be assertive without being rude, how to respond to criticism and discussion of self-assessment as advised by Fletcher (2004:87).

**Frequency of performance appraisal:** Staff member observations and evaluation should be on-going and informal feedback should be provided continuously. Continuous monitoring and evaluation of the staff members provide the manager with an idea of the individual's performance (Huber, 2010:717). Frequency of formal performance appraisal is determined by the organisation. Some organisations conduct performance appraisal interviews six monthly and some quarterly (Meyer et.al, 2010:299; Booyens, 2014:388). In the South African public health sectors performance appraisal interviews are conducted on a quarterly basis and submission to the department of health is done annually as stated in the Western Cape Education Department, Staff Performance Management and Development System (WCED PMDS).

According to the findings of the study some of the clinics involved evaluated the staff members' performance quarterly as per policy. Some of the other clinics completed performance appraisal annually at the time when they have to submit the performance report to the Department of Health. However, the quarterly reviews are also merely signed as if it was done according to policy (see Chapter 4, Section 4.3.3.1). The findings thus reveal elements of dishonesty with regard to the process of completing the performance appraisal forms in these clinics. This behaviour defeats the purpose of the performance appraisal interviews. Considering the seemingly impracticality of the quarterly reviews (see Chapter 4, Section 4.3.3.1) and the workload at the clinic, the policy of quarterly perhaps require revision.

The literature states that for performance appraisal to be effective the manager should conduct more frequent reviews as the manager would keep tabs on the staff member's work (Casio, 1993:294; Fisher 1995:27; Dransfield, 2000:70; Huber, 2010: 717). However (Meyer et.al 2010:299) indicate that performance appraisal can be ineffective if done too frequently. Moreover, the workload of the work place should be taken into consideration, and the practicability of more frequent performance appraisals in different settings.

**The rating format:** The Department of Health uses the Behaviourally Anchored Rating Scale (BARS) performance appraisal method. This method is a combination of the graphic rating scale and the critical incident report methods (Aggarwal & Thakur, 2013:618; Booyens, 2014:391). The BARS consist of a series of 5-10 vertical graphic scales, one for

each important dimension of performance identified during job analysis. These dimensions are attached to critical behaviours which form the basis for assessment. The BARS may have been chosen by the government because it is said to be more objective, more acceptable, and job behaviours describe the staff member performance in a better way (Lunenburgh, 2012: np; Aggarwal & Thakur, 2013:619). However, the BARS has disadvantages; the scale independence is invalid and unreliable (Tziner, Joans, & Murphy, 2000:175). BARS is activity oriented rather than result oriented, and is also time consuming as each job will require separate BARS scales. The BARS rating method was discussed in Chapter 2, Section 2.7.8.

The findings of the study revealed that the participants are struggling to move from a standard rating, meaning a 3 to a rating that is regarded as over and above the standard rating meaning a 4 (see Chapter 4, Section 4.3.5.1). A rating of 4 indicates that the staff member is eligible for a monetary reward.

However, a rating of 4 is related to evidence that shows that the staff members' work performance is outstanding. The findings show that there is uncertainty around the nature of evidences that are regarded as substantial. Some staff members had submitted evidences thinking that the evidences are valid. Yet the managers often rejected the evidences indicating that it is not valid. The rejection of evidence created feelings of despondence. As a result the participants appear to be less motivated to submit evidence of outstanding performance (see Chapter 4, Section 4.3.6.2).

## **Recommendations**

Considering the lessened motivation of some participants (see Chapter 4, Section 4.3.5.1), it seems as if staff members have lost confidence in the performance appraisal system. Some had indicated that they no longer submit evidences that could serve as a four or five as it did not previously provide positive results but instead disappointment. Effective performance appraisal depends on staff members perceiving their own appraisal to be fair both in terms of procedural and interactional (Clarke, Harcourt & Flynn, 2011:665). The findings in terms of evidence that could be viewed as more than what is expected according to the job description of an individual staff member indicate a need for training about what is regarded as real evidence. Oakes and Galagan (2011:np) concur that for performance appraisal to be effective both the staff member and the manager should receive training on the system that is being used. Moreover, Roberts (2003:91) asserts that the input of staff members about aspects on which they have been previously appraised and the measuring scale that is used are necessary. It is therefore valuable to explore the feelings of staff members about the

measuring scale; their lack of knowledge will thus become evident and the onus would be on the manager to support the staff in terms of how the scale could benefit the individual staff member.

### **5.2.2 Objective 2: Exploring the process followed to conduct performance appraisal interviews (preparation level of the performance appraisal interview by parties involved, communication or participation level of the staff member during the interview and the process followed to set the developmental goals)**

**Preparation:** Effective performance appraisal requires good preparation from both the manager and the staff member. Preparation for performance appraisal should at least entail the following: staff member achievements, the extent to which the set targets and goals have been met, staff member's developmental needs and a preliminary assessment in respect of the period under review using the rating scale (WCED, PMDS). The managers are required to inform staff members at least two weeks in advance of the performance appraisal date and time for adequate preparation (Booyens, 2014:395). Adequate preparation by the manager and the staff member would enhance the level of participation in the discussion that is taking place during the performance appraisal interview (Huber, 2010:721).

The findings of the study reveal that in some clinics participants are informed about the performance appraisal date on the day or two days before the performance appraisal interview. As a result little preparation for the performance appraisal interview is done by both the manager and the staff member. Subsequently the session encompasses only the completion and signing of the appraisal form (see Chapter 4, section 4.3.1.2).

**Communication:** Performance appraisal interviews should serve as a platform where the staff member and the manager discuss the staff member's work performance and the departmental matters that hinder the staff member from performing at the highest level (Bacal, 1999:29; Huber, 2010:721). According to Boninelli and Meyer (2004:222) communication between the manager and the staff member about the performance of the staff member should be on-going. Therefore an open communication between the staff members and the manager about work performance is necessary as it will motivate the staff members to improve performance (Meyer et al., 2009:102; Huber, 2010:720). Moreover, informal communication supports the creation of a trusting relationship between the manager and the staff member. If the manager has built an open and trusting relationship with the staff member the appraisal conversations is more likely to be a two way process as both parties would be free and comfortable to engage in a conversation (Yongjun, 2013:568). The

manager should possess good communication skills such as listening techniques, counselling, motivating, and problem solving to be able to conduct effective performance appraisal interviews (Fletcher, 2004:83).

The findings of the study indicate that at some clinics minimal communication takes place between the manager and the participant during the performance appraisal interviews. A discussion or communication is not always conducted that relates to the participant's work performance, providing encouragement and departmental problems that might hinder the participant to perform effectively. The discussion during performance appraisal interview session often merely relates to the rating scores and the provision of evidence that could increase rating scores (see Chapter 4 section 4.3.4).

It therefore appears that not enough time is allocated to conduct effective performance appraisal interviews and that minimal preparation is done by both the manager and the staff member. On the other hand, the workload at the clinics could hinder the staff members and the manager to engage in effective performance appraisal sessions.

**Developmental goals:** Effective performance appraisal interviews include the setting of developmental goals by jointly the staff member and the manager (Jooste, 2009:321). It is not worthy to identify the staff member's deficiencies but fail to find ways to address these deficiencies (Roger, 2003:92). Therefore, during the performance appraisal interview the manager and the staff member identifies the staff member's training needs, developmental goals and aligns these with the departmental goals. The staff member's skills development costs would then be accommodated in the department's budget depending on the organisation's policy (Meyer et al., 2010:300).

The findings of the study reveal that the participant's developmental goals tend to be considered only if it is aligned with the skills requirements at the clinic. Participants are therefore sent on courses that are in alignment with a particular skill shortage in the clinic (see Chapter 4, section 4.3.8.1). Although the management of skills development is aligned with the literature (see previous paragraph) the participants revealed dissatisfaction around the matter.

## **Recommendations**

Preparation for performance appraisal and communication during the review seems to differ from what is described in the literature. Huber (2010:737) confirms that the overall goal of performance appraisal is to measure quality and the effectiveness of nursing performance.

These goals can however not be obtained if both the manager and staff member are not well prepared for the interview. Netshandama, Nemathaga and Shai-Mahoko (2005:59) state that the workload at primary healthcare clinics is extremely high, leading to burn out among staff. Therefore adequate preparation, communication and goal setting in terms of skills are of utmost importance. It is therefore advised that in addition to training on PMDS, managers are also assisted in terms of human resources.

### **5.2.3 Objective 3: Exploring the content of the performance appraisal interview (focus, feedback, performance attributes)**

**Focus:** One of the main focuses of the performance appraisal interview is to motivate the staff member and improve work performance and service delivery (Meyer et al., 2010:298; Booyens, 2014:384).

The study findings show that the focus of the performance appraisal interviews in some clinics entails completion of the performance appraisal form and the allocation of the performance rating score which is the determinant of the monetary reward (see Chapter 4, section 4.3.4). The focus of the performance appraisal interview has thus shifted to the attainment of a higher score that will lead to the possible achievement of a monetary reward. Participants had reported experiences of favouritism since the performance appraisal bonus is repeatedly received by the same individuals (see Chapter 4, section 4.3.8). The latter surfaced in all the clinics. Some participants had suggested that the monetary reward be rotated so that everybody can benefit from it. The term favouritism was very strongly associated with monetary rewards during the interviews.

It is clear that staff members lack information on what the purpose of the performance appraisal is. Some participants further mentioned that staff members with good relationships with the managers turn to be the ones who receive a performance bonus every year. The perception of favouritism brings tension among the staff members which does not suit the supportive environment that is required in the work environment (Booyens, 2014: 146). Selvarajan and Cloninger (2012:3064) state that if staff members perceive the performance appraisal system as fair and accurate, appraisals can serve as a motivation to improve performance.

**Feedback:** The manager is expected to provide detailed feedback on the staff member's performance during the appraisal session (Meyer et al., 2009:299-300; Booyens, 2014:387). Accurate and rich feedback given to the staff member influences the acceptance of the performance appraisal results by the staff member (Booyens, 2014:387).



However, during interviews it became evident that in some clinics feedback on the staff member performance is seldom given as the interviews are done on the last day of submission of the performance appraisal documents to the department. The attention is given on the allocation of the rating scores and the completion of the form rather than the provision of feedback on the staff member performance (See Chapter 4, section 4.3.1.2).

**Performance attributes:** Performance attributes are defined as skill, knowledge and behavioural characteristics that are associated with job performance. Booyens (2014:387) avers that the staff member's assessment should be based on job-related behaviour. From the interviews it became evident that the focus of evaluation is more on targets which depicts quantity, no consideration was given to fine motor skills and time needed to complete the job (See Chapter 4, section 4.3.5.1).

### **Recommendations**

The findings contain a strong focus on monetary bonuses although these bonuses do not really motivate staff members to improve their performances. Yet the bonuses seem to cause division among staff. Huber (2010:737) advises that since performance appraisals in the healthcare system tend not to have the desired effect of quality improvement, appraising staff performance in healthcare environments require revision. Managers should also give attention to the skills, knowledge and job related behaviour demands of the job rather than only on quantity (targets) as both quantity and quality are two essential performance measures for which employees need detailed feedback.

#### **5.2.4 Objective 4: Practical issues contained in the performance appraisal interview (participation by staff member, manager or staff member support)**

**Participation of staff member:** Staff members are encouraged to participate in the processes of the performance appraisal system. The latter relate to individual input, personal responsibility facilitated through a structured process of self-reflection which enables the individual to access their own shortcomings and strengths. Furthermore, the manager should assist staff members with role clarification, honest feedback which should serve as encouragement and motivation (Huber, 2010:720-721). It is believed that participation in the processes will promote their understanding of the system and motivate them to improve their performance.

Some participants confirmed taking part in the development of the key performance area (targets) and during the interview; that there is dialogue between the manager and the staff



member. While other participants indicated that no participation in all the stages of performance appraisal is taking place during the interview (see Chapter 4, section 4.3.4). Not participating in the performance appraisal processes leaves staff members not understanding the motives behind performance appraisal interviews and lack of commitment thereof (see Chapter 4, section 4.3.4).

There is a large body of knowledge indicating that staff member participation in the interview is associated with desirable outcomes, such as perception of performance appraisal fairness, supervisor support, staff member commitment and improved work performance (Roberts, 2003:92; Spence & Wood, 2007:58).

**Support from managers:** Staff members are to indicate their shortcomings in terms of skills during the performance appraisal interviews and goals are set to support them in attaining those skills. The findings however reveal that managers do not follow up on the goals which were set in previous reviews and that staff members are not necessarily send on the courses which will improve their skills due to budgetary constraints (see Chapter 4, Section 4.3.8.1) Oakes and Galagan (2011: np) confirm that managers should support skills development of the staff members. Skills development assists the institution to reach their goals. Moreover, skills development determines the value of the individual in the market place and their compensation level. As a result, the strategic planning of the institution is critical as it should allow talent development and the necessary compensation.

## **Recommendations**

Oakes and Galagan (2011:np) advise that both the manager and the individual staff member be coached on effective performance appraisal as performance appraisal is not merely about the interview but an ongoing process of supporting, observing and evaluation. Subsequently skills development should not be in arrears due to budgetary constraints. Managers should be assisted to include expenses that relate to skills development in their budget.

### **5.2.5 Objective 5: Exploring feelings of motivation after the performance appraisal interview**

In most organisations a performance cash bonus is awarded as a motivation to the staff members that are performing over and above the standard (Fletcher, 2014:37). The South African Public Service Regulations (2001:34) also introduced the monetary reward system for the staff members that are performing above the norm.

The findings of the study reveal that the performance appraisal interview does not really assist in motivating staff members. Most participants do not view the monetary reward as a motivator. Instead, the monetary reward is viewed as creating division among the staff members. Some participants verbalised that they are motivated by the positive responses of patients to treatment and the nursing care rendered (see Chapter 4, section 4.3.6.2).

Some participants who were not totally against the monetary reward had indicated that the monetary reward only is not enough for motivation. The monetary reward must be accompanied with recognition (see Chapter 4, section 4.3.6.3). It is therefore important for the managers to recognise staff member's work performance.

Most authors attest to the notion that there is no relationship between a monetary reward and motivation and that the performances of staff members should be recognised (Harunavamwe & Kanengoni, 2013:3933; Njaja, Maina, Kibet & Njagi, 2013:47).

However, the motivation of the participants was further dampened by their inability to reach the targets set during previous reviews. The participants reflected that the targets in terms of how many patients that need to be attended to on a day or monthly basis is not attainable. The participants verbalised that the geographical location of certain clinics in the central business area provide competition with the retail store, Clicks, that also provide free primary health care services at certain times of the day. Subsequently, instead of waiting in long queues at the clinic patients would make use of the services at Clicks. Oakes and Galagan (2011:np) aver that targets should be achievable since unachievable goals could lead to unethical behaviour and diminishing motivation.

## **Recommendations**

The study's findings revealed that the performance appraisal system has elements that relates to favouritism, unreasonable and unachievable targets, and that the system of providing evidence for a higher than usual rating is quite problematic. The participants however acknowledged the importance of performance appraisal interviews in staff development if conducted effectively. Furthermore, the participants have strongly recommended that the monetary reward be removed as it does not serve the original purpose of motivating staff members (see Chapter 4, section 4.3.7.2).

Participants also recommended that adequate and refresher courses about PMDS be provided to all the staff members, as it will enhance a fuller understanding of the purpose,

procedures and processes around performance appraisal interviews (see Chapter 4, section 4.3.2.2).

The study's findings revealed a lack of insight into performance management and time to prepare and conduct the interviews. Moreover, the staff members have targets that seem to be unachievable. The managers have targets that relate to the overall services at the clinic. The performance of the manager is also related to how well the staff members perform. There is also negativity surrounding monetary rewards. The negativity is such that the participants in this study requested the abandonment of monetary rewards. The researcher therefore agrees with Huber (2010:737) who states that performance appraisal in the healthcare system requires revision.

### **5.3 LIMITATIONS OF THE STUDY**

The study has been limited to the three primary health care clinics in the Central Health District of the Cape Metropole Area in the Western Cape Province. Performance appraisal in hospitals and the private health care facilities has not been explored. Future studies on performance appraisal in a hospital environment would therefore be beneficial.

### **5.4 CONCLUSION**

In this chapter the findings of the study were discussed in relation to the study objectives. The aim of the study was to explore the experiences of nurses working in the primary health care clinics regarding performance appraisal interviews.

With regards to the experiences that relate to the procedural structure of the performance appraisal interviews, the findings of the study suggest that the rating tool used allows subjectivity, as favouritism was perceived by most of the participants.

Quarterly performance appraisals in some primary health care clinics are just done for administrative purposes; there seems to be limited compliance on the actual implementation of the procedure.

Training needs for both staff members and managers on the actual purpose of the introduction of performance appraisals, on how the performance appraisal rating method, and up skilling the managers on how to conduct effective performance appraisal interviews was identified. Therefore both managers and staff members could benefit from compulsory training.

The monetary reward system is seemingly causing disharmony among the staff members and demoralises the rest of the employees instead of motivating. This has to be reviewed and another means of recognising or motivating staff members is to be introduced.

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## APPENDICES

### APPENDIX A - RESEARCH INTERVIEW GUIDE

#### TITLE:

PERFORMANCE APPRAISAL: THE EXPERIENCES OF NURSES WORKING IN THE PRIMARY HEALTH CARE CLINICS.

**The interview sessions will be guided by the following open-ended questions:**

1. Describe your feelings prior to the performance appraisal interview.  
**Probing words:** nervous, looking forward to the interview, calm, (numb). Please elaborate...
  
2. What are your perceptions with regards to being involved during your performance appraisal interview?  
**Probing words:** involved, left out, your views being taken into account, monologue or dialogue. Please explain further.
  
3. Describe your experiences with regards to motivation during and after the performance appraisal interview.  
**Probing words:** Motivated, demoralised, in between, goals attained, new goals set, joint setting of goals. What do you mean by that?
  
4. What do you think should be done to improve the performance appraisal system?

....

## **APPENDIX B - PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM**

**TITLE OF THE RESEARCH PROJECT:** Performance appraisal: The experiences of nurses working in primary health care clinics.

**REFERENCE NUMBER:** S14/10/212

**PRINCIPAL INVESTIGATOR:** OLGA NOSISEKO SWAARTBOOI

**ADDRESS:** DIVISION OF NURSING  
FACULTY OF HEALTH SCIENCES  
STELLENBOSCH UNIVERSITY  
SOUTH AFRICA

**CONTACT NUMBER:** 082 709 2247

Dear Colleague

My name is Olga Nosiseko Swaartbooi, a master's student at the Stellenbosch University. We invite you to participate in a research project that aims to investigate the experiences of nurses working in the primary health care clinics regarding the performance appraisal interview.

Please take some time to read the information presented here, explaining the details of the project. Do not hesitate to contact me if you require further explanation or clarification of any aspect of the study. Also, kindly note that your participation is **entirely voluntary** and you are free to decline to participate. Refusal to participate in the study will not affect you in any way whatsoever. You are also free to withdraw from the study at any point and no penalties will be imposed on you. Should you decide to participate in the study it will be expected of you to participate in a one-on-one interview. The interview will relate to your experiences of performance appraisal interviews. The interviews could be conducted in a quiet private room at the clinic where you are working or any other venue convenient to you. We will also consider a time that you (the participant) and the researcher have agreed on. Please note that the interview sessions will be recorded and after the session the researcher will be taking notes.

Please be assured that your name will not be mentioned in the recordings nor will it appear in the transcript (the typed version of the interview). Instead a false name will be given to prevent linkage of the participants to the individual responses. The information that you as the participant shares during the interview will not be shared without your consent.

This study has been approved by the **Health Research Ethics Committee (HREC) of the Faculty of Medicine and Health Sciences at Stellenbosch University** and will be conducted according to the acceptable and applicable National and International ethical guidelines and principles, including those of the international Declaration of Helsinki October 2008.

This study has also been approved by the Director: health impact assessment of the department of health Western Cape Government.

**If you are willing to participate in this study please sign the attached Declaration of Consent and hand it to the investigator.**

Yours sincerely

**Olga Swaartbooi**

**Principal Investigator**

**Declaration by participant**

By signing below, I ..... agree to take part in a research study entitled: **Performance appraisal: The experiences of nurses working in the primary health care clinics.**

I declare that:

- I have read the attached information leaflet and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.

- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... On (*date*) ..... 2015.

Signature of participant

## APPENDIX C - APPROVAL NOTICE



UNIVERSITEIT•STELLENBOSCH•UNIVERSITY  
JOB KENNISVEREEN • your knowledge partner

### Approval Notice New Application

04-Dec-2014  
SWAARTBOOI, Olga Nosiseko

**Ethics Reference #:** S14/10/212

**Title:** Performance appraisal: The experiences of nurses working in the primary health care clinics.

Dear Miss Olga SWAARTBOOI,

The New Application received on 14-Oct-2014, was reviewed by members of Health Research Ethics Committee 1 via Expedited review procedures on 04-Dec-2014 and was approved.

Please note the following information about your approved research protocol:

**Protocol Approval Period:** 04-Dec-2014 -04-Dec-2015

Please remember to use your **protocol number** (S14/10/212) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

#### **After Ethical Review:**

Please note a template of the progress report is obtainable on [www.sun.ac.za/rda](http://www.sun.ac.za/rda) and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372  
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the S.A National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

#### **Provincial and City of Cape Town Approval**

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health ([healthres@pgwc.gov.za](mailto:healthres@pgwc.gov.za) Tel: +27 21 483 9907) and Dr Helene Visser at City Health ([Helene.Visser@capetown.gov.za](mailto:Helene.Visser@capetown.gov.za) Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and documents please visit: [www.sun.ac.za/rda](http://www.sun.ac.za/rda)

If you have any questions or need further assistance, please contact the HREC office at 219389156.

#### **Included Documents:**

Informed consent form

Declaration M van der Hoever

Protocol

CV M van der Hoever

## APPENDIX D - GOVERNMENT APPROVAL



**STRATEGY & HEALTH SUPPORT**  
 Health Research | [HealthResearch@westerncape.gov.za](mailto:HealthResearch@westerncape.gov.za)  
 Tel: 407 01 420 655 / Fax: 027 21 400 9095  
 5th Floor, Norton Rose House, 6 Ribbaek Street, Cape Town, 8001  
[www.westerncape.gov.za](http://www.westerncape.gov.za)

REFERENCE: WC\_2015RP39\_949  
 ENQUIRIES: Ms Charlene Roderick

**Stellenbosch University**  
**Private Bag X1**  
**Matieland**  
**7602**

For attention: **Olga Nosiseko Swartbool and Mariana Van Der Heerden**

**Re: PERFORMANCE APPRAISAL: THE EXPERIENCES OF NURSES WORKING IN PRIMARY HEALTH CARE CLINICS.**

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research. Please contact the following people to assist you with any further enquiries in accessing the following sites:

<b>Albow Gardens</b>	<b>L Van Wyk</b>	<b>Contact No: 021 514 6512</b>
<b>Green Point CHC</b>	<b>R Smith</b>	<b>Contact No: 021 421 0288</b>
<b>Robble Nurock CHC</b>	<b>E Diniso</b>	<b>Contact No: 021 461 5674</b>
<b>Woodstock CHC</b>	<b>A Rayners</b>	<b>Contact No: 021 460 2186</b>

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator ([HealthResearch@westerncape.gov.za](mailto:HealthResearch@westerncape.gov.za)).
3. The reference number above should be quoted in all future correspondence.

Yours sincerely

  
**DR A HAWKRIDGE**  
**DIRECTOR: HEALTH IMPACT ASSESSMENT**  
 DATE: 13/4/2015  
 CC: K GRAMMER

**DIRECTOR: SOUTHERN/ WESTERN**



**APPENDIX E - CONFIDENTIALITY STATEMENT****CONFIDENTIALITY AGREEMENT**

Phuthshani Adams  
 I, Phuthshani Adams, agree to receive and transcribe the recorded tapes given to me by Olga Nosiseko Swartbooi. The recorded tapes are the interviews done by the sender in different clinics in fulfillment of the master's programme.

I fully understand that the information in the recorded tapes is sensitive and confidential and therefore may not be shared with anyone else but Olga Swartbooi.

I agree that I will not use the information on the recorded tapes for any purpose other than what it was intended for.

Recipient: Phuthshani Adams  
 ID Number: 7609080221089  
 Signature: [Signature]  
 Date: 16 October 2015

Discloser: Olga Nosiseko Swartbooi  
 ID Number: 6812080826086  
 Signature: [Signature]  
 Date: 15 October 2015